Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for	Joshua First name	Jennifer First name
	example, your driver's license or passport).	Middle name	Middle name
	Bring your picture identification to your	Baron Last name and Suffix (Sr., Jr., II, III)	Baron Last name and Suffix (Sr., Jr., II, III)
	meeting with the trustee.		
2.	All other names you have used in the last 8 years	Joshua B. Baron	Jennifer W. Baron Jennifer W Reitz
	Include your married or maiden names.		Jennifer w Reitz
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1623	xxx-xx-5496

	otor 2 Jennifer Baron		Case number (if known)		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	■ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live	25 Scott Street	If Debtor 2 lives at a different address:		
		Huntington Station, NY 11746 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Suffolk County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)		

	otor 1 Joshua Baron otor 2 Jennifer Baron					Case numbe	「 (if known)	
							·	
Par	t 2: Tell the Court About	our Bank	ruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are			orief description of each, s go to the top of page 1 a			42(b) for Individuals Filin	g for Bankruptcy
	choosing to file under	■ Chap	ter 7					
		☐ Chap	ter 11					
		☐ Chap	ter 12					
		☐ Chap	ter 13					
8.	How you will pay the fee	abo ord	out how yo	e entire fee when I file mou may pay. Typically, if you attorney is submitting you address.	ou are paying the fe	ee yourself, you m	ay pay with cash, cashie	r's check, or money
				y the fee in installments. ee in Installments (Official		option, sign and a	ttach the Application for	Individuals to Pay
		☐ I re	equest that is not req	at my fee be waived (You uired to, waive your fee, a	may request this c	if your income is I	ess than 150% of the offi	icial poverty line that
		app	olies to yo	ur family size and you are on to Have the Chapter 7	unable to pay the f	ee in installments). If you choose this option	n, you must fill out
9.	Have you filed for bankruptcy within the last 8 years?	■ No.						
	idot o years.	□ 163.	District		When		Case number	
			District		When		Case number	
			District		When		Case number	
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
			Debtor				Relationship to you	
			District	-	When		Case number, if known	
			Debtor				Relationship to you	
			District		When		Case number, if known	
11.	Do you rent your	■ No.	Go to I	ine 12.				
	residence?	☐ Yes.	Has yo	our landlord obtained an e	viction judgment ag	gainst you?		
				No. Go to line 12.		-		
				Yes. Fill out <i>Initial Stater</i> this bankruptcy petition.	nent About an Evic	tion Judgment Aga	ainst You (Form 101A) ar	nd file it as part of

	otor 1 otor 2	Joshua Baron Jennifer Baron			Case number (if known)		
Par	t 3:	Report About Any Bu	sinesses `	You Own as a Sole Proprie	etor		
12.	Are v	ou a sole proprietor					
	of any full- or part-time ■ No. Go to Part 4. business?						
			☐ Yes.	Name and location of bu	siness		
	busin an in sepa as a	e proprietorship is a less you operate as dividual, and is not a rate legal entity such corporation, ership, or LLC.		Name of business, if any			
	If you have more than one Sumber, Street, City, State & ZIP Code sole proprietorship, use a separate sheet and attach						
		his petition.		Check the appropriate b	ox to describe your business:		
	☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))						
				☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))		
				☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))		
				☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))		
				☐ None of the above	ve		
13.	Chap Bank	you filing under oter 11 of the truptcy Code and are a small business or?	deadlines operation	rou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate adlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of erations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 11 U.S.C. 1116(1)(B).			
	For a	definition of small	■ No.	I am not filing under Cha	pter 11.		
	busir	cess debtor, see 11 C. § 101(51D).	□ No.	I am filing under Chapter Code.	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy		
			☐ Yes.	I am filing under Chapter	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4:	Report if You Own or	Have Any	Hazardous Property or A	ny Property That Needs Immediate Attention		
14.	prop alleg of im	ou own or have any erty that poses or is ed to pose a threat minent and	■ No. □ Yes.	What is the hazard?			
	publi Or do prop	ifiable hazard to ic health or safety? o you own any erty that needs ediate attention?		If immediate attention is needed, why is it needed?			
	peris livest or a l	example, do you own hable goods, or lock that must be fed, building that needs nt repairs?		Where is the property?			
	-				Number, Street, City, State & Zip Code		

art	5: Explain Your Efforts t	o Re	ceive a Briefing About Credit Counseling		
		Abo	out Debtor 1:	Abo	out Debtor 2 (Spouse Only in a Joint Case):
5.	Tell the court whether you have received a briefing about credit counseling.	You	I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.	You	I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
	The law requires that you receive a briefing about credit counseling before you file for bankruptcy.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	You must truthfully check one of the following choices. If you cannot do so, you are not eligible to		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
file ca wi yo cr	file. If you file anyway, the court can dismiss your case, you		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	will lose whatever filing fee you paid, and your creditors can begin collection activities again.	e 🗆	I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances		To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied
			required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.		with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.		,
			I am not required to receive a briefing about credit counseling because of:		I am not required to receive a briefing about credit counseling because of:
			Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		□ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
			 Active duty. I am currently on active military duty in a military combat zone. 		Active duty. I am currently on active military duty in a military combat zone.
			If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.		If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	tor 1 Joshua Baron tor 2 Jennifer Baron				Case nu	umber (if known)		
Part	6: Answer These Quest	ions for Re	eporting Purposes					
	What kind of debts do you have?	16a.	Are your debts primarily consu			e defined in 11 U.S.C. § 10	01(8) as "incurred by an	
	, · · · · · · · · · · · · · · · · · · ·		individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily busine money for a business or investme				obtain	
			☐ No. Go to line 16c.	in or unough the ope	ration of the	business of investment.		
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe th	nat are not consumer	debts or bus	siness debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.				
Do you estimate that after any exempt property is excluded and		■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses are paid that funds will		■ No					
	be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	1 -49		□ 1,000-5,000		□ 25,001-50,0	000	
	you estimate that you owe?	□ 50-99		☐ 5001-10,000		☐ 50,001-100, ☐ More than10		
		☐ 100-19 ☐ 200-99		□ 10,001-25,000	0,000			
		L 200-9						
19.	How much do you estimate your assets to	\$0 - \$5		1 \$1,000,001 - \$1		\$500,000,00		
	be worth?		01 - \$100,000 001 - \$500,000	□ \$10,000,001 - \$ □ \$50,000,001 - \$			001 - \$10 billion 0,001 - \$50 billion	
			001 - \$1 million	□ \$100,000,001 - \$				
20.	How much do you	□ \$0 - \$5	50,000	\$1,000,001 - \$1	0 million	□ \$500,000,00	 01 - \$1 billion	
	estimate your liabilities to be?		01 - \$100,000	\$10,000,001 - \$,001 - \$10 billion	
		_	001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$ □ \$100.000.001 - \$			0,001 - \$50 billion \$50 billion	
		— \$500,0		— \$100,000,001				
Part	7: Sign Below							
For	you	I have ex	amined this petition, and I declare	under penalty of perju	ury that the i	information provided is tru-	e and correct.	
			chosen to file under Chapter 7, I amates Code. I understand the relief a					
			ney represents me and I did not pa t, I have obtained and read the not				me fill out this	
		I request	relief in accordance with the chapte	er of title 11, United S	States Code,	, specified in this petition.		
			and making a false statement, conc cy case can result in fines up to \$25					
		/s/ Josh	ua Baron		Jennifer			
		Joshua Signature	Baron of Debtor 1		ennifer Bar gnature of D			
		Executed	on <u>December 27, 2018</u> MM / DD / YYYY	Ex	ecuted on	December 27, 2018 MM / DD / YYYY		

Debtor 1 Joshua Baron Debtor 2 Jennifer Baron		Case number (if known)				
For your attorney, if you are represented by one If you are not represented by an attoriey, you do not need	under Chapter 7, 11, 12, or 13 of title 11, United for which the person is eligible. I also certify the	d States Code, and have eat I have delivered to the	e informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) wledge after an inquiry that the information in the			
to file this page.	Is/ Scott R Schneider Signature of Attorney for Debtor	Date	December 27, 2018 MM / DD / YYYY			
	Scott R Schneider Printed name					
	Law Offices of Scott R Schneider Firm name					
	117 Broadway Hicksville, NY 11801 Number, Street, City, State & ZIP Code					
	Contact phone 516-433-1555	Email address	scottsch@optonline.net			
	NY Bar number & State					

Fill i	this information to identify your case:		
Debt			
	First Name Middle Name Last Name		
Debt (Spous	or 2 Jennifer Baron e if, filing) First Name Middle Name Last Name		
Unite	d States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK		
(if know	number	_	ck if this is an nded filing
Sun	cial Form 106Sum nmary of Your Assets and Liabilities and Certain Statistical Information complete and accurate as possible. If two married people are filing together, both are equally responsible f	or supply	12/15
inforr	nation. Fill out all of your schedules first; then complete the information on this form. If you are filing ameno original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Part	Summarize Your Assets		
			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	516,731.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	714,225.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	1,230,956.00
Part	2: Summarize Your Liabilities		
			liabilities int you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	409,466.36
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	316,877.47
	Your total liabilities	\$	726,343.83
Part	Summarize Your Income and Expenses		
	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,636.55
	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	8,895.31
Part -	Answer These Questions for Administrative and Statistical Records		
	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	our other s	chedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a persona	al, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	s box and	submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Debtor 1 Debtor 2	Joshua Baron Jennifer Baron	Case number (if known)	
	n the Statement of Your Current Monthly Income: Copy your tota A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	al current monthly income from Official Form	\$ 8,993.10

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this info	rmation to identify your case and t	his filing:				
Debtor 1	Joshua Baron					
	First Name Midd	le Name Last Name				
Debtor 2 (Spouse, if filing)	Jennifer Baron First Name Midd	le Name Last Name				
	Bankruptcy Court for the: EASTERN	I DISTRICT OF NEW YORK				
Case number				☐ Check if this is ar amended filing		
Official Fo	orm 106A/B			amended ming		
Schedu	le A/B: Property			12/15		
Answer every que	estion.	sheet to this form. On the top of any additional pages	, write your name and case	e number (if known).		
No. Go to Pa		any residence, building, land, or similar property?				
1.1 25 Scott Street address	Street s, if available, or other description	What is the property? Check all that apply Single-family home	Do not deduct secured cla			
		□ Duplex or multi-unit building □ Condominium or cooperative	Creditors Who Have Clair			
Huntingt Station	NY 11746-0000 State ZIP Code	☐ Manufactured or mobile home ☐ Land ☐ Investment property	Current value of the entire property? \$516,731.00	Current value of the portion you own?		
		☐ Timeshare ☐ Other Who has an interest in the property? Check one	Describe the nature of y (such as fee simple, tenal a life estate), if known.	e the nature of your ownership interest see simple, tenancy by the entireties, o		
		Debtor 1 only	Tenancy by the ent	rireties		
Suffolk County		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this itemproperty identification number:	Check if this is com (see instructions) n, such as local	munity property		
		Residence				
		or all of your entries from Part 1, including any t number here		\$516,731.00		

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

		Joshua Bar Jennifer Ba				Case num	nber (if known)	
3. C	ars, vans	s, trucks, trac	tors, sport utility	vehicles, motorcycles				
	l No							
	Yes							
3.	Make:	Mazda		Who has an interest	t in the property? Check on	Do	not deduct secure	ed claims or exemptions. Put
3.	Model:	6		Debtor 1 only	In the property? Check on	tne		cured claims on Schedule D: Claims Secured by Property.
	Year:	2018		Debtor 2 only				
	Approxi	imate mileage:		Debtor 1 and Deb	tor 2 only		rrent value of the tire property?	Current value of the portion you own?
	Other in	nformation:		At least one of the	e debtors and another			
	Auto I	lease		Check if this is c	ommunity property		\$0.0	90.00
5 4	oages you	u have attach	ed for Part 2. Writ	own for all of your entr te that number here				\$0.00
Do	you own	or have any		interest in any of the fo	ollowing items?			Current value of the portion you own? Do not deduct secured claims or exemptions.
[E <i>xamples:</i> ☑ No			ns, china, kitchenware				
ı	Yes. De	escribe						
			Household G	oods & Furniture				\$500.00
[□No	Televisions a		rideo, stereo, and digital , media players, games	equipment; computers,	printers, scan	nners; music colle	ections; electronic devices
			Television, el	ectronics				\$1,000.00
			I figurines; painting ions, memorabilia,		k; books, pictures, or otl	her art objects	s; stamp, coin, or	baseball card collections;
		escribe						
_	equipmen Examples: ■ No	t for sports a Sports, photo musical instr	ographic, exercise,	and other hobby equipm	nent; bicycles, pool table	es, golf clubs,	skis; canoes and	d kayaks; carpentry tools;
		escribe						

	ebtor 1 ebtor 2	Joshua Baro Jennifer Baro			Case number (if known)
-	Firearm Examp ■ No		, shotgur	ns, ammunition, and relat	red equipment	
	☐ Yes.	Describe				
	□ No		thes, furs	s, leather coats, designe	r wear, shoes, accessories	
			Clothi	ng & Personal Effect	s	\$500.00
	□ No		velry, cos	stume jewelry, engageme	ent rings, wedding rings, heirloom jewelry, watches,	gems, gold, silver
			Costu	me jewelry, engagen	nent ring	\$5,000.00
	Examp □ No	rm animals les: Dogs, cats, b	oirds, hor	ses		
			1 Dog,	2 Cats		\$0.00
	. Add tl		of all of y	our entries from Part 3	, including any entries for pages you have attac	shed \$7,000.00
Pa	rt 4: Des	scribe Your Financ	ial Assets	s		
Do	you ow	n or have any le	egal or e	quitable interest in any	of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No		-	our wallet, in your home,	in a safe deposit box, and on hand when you file yo	our petition
	Examp				; certificates of deposit; shares in credit unions, brothe same institution, list each.	kerage houses, and other similar
	□ No ■ Yes				Institution name:	
			17.1.	Checking acct ending in #0299 - joint	Santander	\$0.00
			17.2.	Checking acct ending in #1545 -Husband only	Santander	\$0.00

Debtor 1 Debtor 2	Joshua Baron Jennifer Baron		Case number (if known	1)
		Checking acct ending in #3265 & Savings acct		
	17.3.	ending in #3201-	Chase	\$0.00
	17.4.	Savings acct ending in #0149	Santander joint w/ son	\$450.00
	17.5.	Savings acct ending in #0529	American Express	\$200.00
	17.6.	Savings acct ending in #4067	American Express	\$2,500.00
	17.7.	Checking account ending in #3463	Chase joint w/ Son (UTMA acct)	\$75.00
	17.8.	Checking acct ending in #9637	TD Bank	\$0.00
joint v ■ No □ Yes. 20. Govern Negoti Non-n ■ No	Give specific information Na nment and corporate bo tiable instruments include negotiable instruments are Give specific information	n about them ime of entity: inds and other negotiable personal checks, cashiers those you cannot transfer	d and unincorporated businesses, including an interest of and non-negotiable instruments checks, promissory notes, and money orders. to someone by signing or delivering them.	est in an LLC, partnership, and
Exam □ No -		SA, Keogh, 401(k), 403(b)	, thrift savings accounts, or other pension or profit-sharin	g plans
■ Yes.	List each account separa Type	itely. of account:	Institution name:	
	4011	(Thomson Reuters - loan against it	\$450,000.00
	Roth	ı IRA	Fidelity	\$254,000.00
Your s Exam		its you have made so that	you may continue service or use from a company cutilities (electric, gas, water), telecommunications compa	anies, or others
■ No □ Yes.			Institution name or individual:	
23. Annui t	ties (A contract for a perio	odic payment of money to	ou, either for life or for a number of years)	
■ No □ Yes.	lssuer nan	ne and description.		
Official For	m 106A/B	Sc	nedule A/B: Property	page 4

	ebtor 1 ebtor 2	Joshua Jennifer		Case number (if known)	
24.			ucation IRA, in an account in a qualified ABLE program, (1), 529A(b), and 529(b)(1).	or under a qualified state tuition progr	am.
	☐ Yes		Institution name and description. Separately file the record	ds of any interests.11 U.S.C. § 521(c):	
	■ No		or future interests in property (other than anything listed fic information about them	in line 1), and rights or powers exerc	isable for your benefit
	Patents	, copyrigh	its, trademarks, trade secrets, and other intellectual prop t domain names, websites, proceeds from royalties and licen		
	■ No □ Yes.	Give specit	fic information about them		
	Example ■ No	les: Buildin	ses, and other general intangibles g permits, exclusive licenses, cooperative association holding fic information about them	gs, liquor licenses, professional licenses	
Mo	oney or p	property ov	wed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No	unds owed	It to you ic information about them, including whether you already filed	d the returns and the tax years	
	■ No	les: Past du	ue or lump sum alimony, spousal support, child support, mair ic information	ntenance, divorce settlement, property se	ottlement
30.	Example ■ No	les: Unpaid benefit	omeone owes you I wages, disability insurance payments, disability benefits, sic is; unpaid loans you made to someone else fic information	ck pay, vacation pay, workers' compensa	ation, Social Security
	Interest	s in insura	ance policies , disability, or life insurance; health savings account (HSA); c	redit, homeowner's, or renter's insurance	
		Name the ir	nsurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
			Health Insurance - thru wife's work	Family	\$0.00
			Guardian Life Insurance - Term (2)	Wife	\$0.00
			Guardian Life Insurance - Term	Husband	\$0.00
	If you a someor	re the bene ne has died	operty that is due you from someone who has died efficiary of a living trust, expect proceeds from a life insurance it.	policy, or are currently entitled to receive	e property because

Debte Debte			Case number (if known)	
	aims against third parties, whether or not you have filed a la examples: Accidents, employment disputes, insurance claims, or No		and for payment	
	Yes. Describe each claim			
34. O	ther contingent and unliquidated claims of every nature, incl	luding counterclaims c	of the debtor and rights to	set off claims
	No			
Ц	Yes. Describe each claim			
	ny financial assets you did not already list			
	No Yes. Give specific information			
	Add the dollar value of all of your entries from Part 4, includi for Part 4. Write that number here		es you have attached	\$707,225.00
Part 5	Describe Any Business-Related Property You Own or Have an Inte	erest In. List any real esta	te in Part 1.	
37. D o	you own or have any legal or equitable interest in any business-rela	ated property?		
	No. Go to Part 6.			
	es. Go to line 38.			
	_			
Part 6	Describe Any Farm- and Commercial Fishing-Related Property Yo If you own or have an interest in farmland, list it in Part 1.	ou Own or Have an Interes	t In.	
46. D	o you own or have any legal or equitable interest in any farm	n- or commercial fishin	g-related property?	
_	No. Go to Part 7.			
[Yes. Go to line 47.			
Part 7	Describe All Property You Own or Have an Interest in That Yo	ou Did Not List Above		
52 D	o you have other property of any kind you did not already lis			
	Examples: Season tickets, country club membership	otr		
_	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write t	hat number here		\$0.00
			l	
Part 8	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$516,731.00
56.	Part 2: Total vehicles, line 5	\$0.00		
	Part 3: Total personal and household items, line 15	\$7,000.00		
	Part 4: Total financial assets, line 36	\$707,225.00		
	Part 5: Total business-related property, line 45	\$0.00		
	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	+\$0.00		
62.	Total personal property. Add lines 56 through 61	\$714,225.00	Copy personal property to	otal \$714,225.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$1,230,956.00

Ħ	l in this inform	nation to identify your	rase:			1
	ebtor 1	Joshua Baron				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First Name	Middle Name	L	ast Name	
1 -	ebtor 2 ouse if, filing)	Jennifer Baron First Name	Middle Name	L	ast Name	
		nkruptcy Court for the:	EASTERN DISTRICT OF NE	-W Y	ORK	
		intupley Court for the.	- EXCITENT BIOTHOT OF THE			
	nse number					☐ Check if this is an amended filing
		rm 106C				
S	chedule	e C: The Pro	operty You Cla	im	as Exempt	4/16
the nee cas For spe any fun exe	property you li- ded, fill out and e number (if kr each item of ecific dollar an applicable st ds—may be u emption to a po	sted on Schedule A/B: Fd attach to this page as nown). property you claim as one ount as exempt. Alternatutory limit. Some exemptimited in dollar amount.	Property (Official Form 106A/B) many copies of Part 2: Addition exempt, you must specify the natively, you may claim the fremptions—such as those for unt. However, if you claim an	as yo nal Pa e amo ull fai heal exen	our source, list the property that you age as necessary. On the top of any out of the exemption you claim. Fir market value of the property be the aids, rights to receive certain be option of 100% of fair market value.	additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement
Pa	rt 1: Identif	y the Property You Cla	im as Exempt			
1.	Which set of	exemptions are you cl	laiming? Check one only, ever	n if yo	our spouse is filing with you.	
	You are cla	aiming state and federal	nonbankruptcy exemptions. 1	1 U.S	S.C. § 522(b)(3)	
	☐ You are cla	aiming federal exemption	ns. 11 U.S.C. § 522(b)(2)			
2.	For any prop	erty you list on Sched	ule A/B that you claim as exe	mpt,	fill in the information below.	
		on of the property and line that lists this property	e on Current value of the portion you own	u own Check only one box for each exemption.		Specific laws that allow exemption
			Copy the value from Schedule A/B			
		reet Huntington Stat Suffolk County	sion, \$516,731.00		\$341,650.00	NYCPLR § 5206
	Residence	nedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
		Goods & Furniture	\$500.00		\$500.00	NYCPLR § 5205(a)(5)
					100% of fair market value, up to any applicable statutory limit	
		electronics nedule A/B: 7.1	\$1,000.00		\$1,000.00	NYCPLR § 5205(a)(5)
					100% of fair market value, up to any applicable statutory limit	
	_	Personal Effects	\$500.00		\$500.00	NYCPLR § 5205(a)(5)
					100% of fair market value, up to any applicable statutory limit	

Official Form 106C

\$5,000.00

Costume jewelry, engagement ring

Line from Schedule A/B: 12.1

NYCPLR § 5205(a)(6)

\$5,000.00

100% of fair market value, up to any applicable statutory limit

Debtor 1 Debtor 2	Joshua Baron Jennifer Baron					
	description of the property and line on dule A/B that lists this property	Current value of the portion you own	ne Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Check only Schedule A/B		ck only one box for each exemption.		
	K: Thomson Reuters - Ioan	\$450,000.00		\$450,000.00	Debtor & Creditor Law §	
•	inst it from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	282(2)(e)	
	n IRA: Fidelity	\$254,000.00		\$254,000.00	Debtor & Creditor Law § 282(2)(e)	
Line	Hom Schedule AVB. 21.2			100% of fair market value, up to any applicable statutory limit	202(2)(6)	
(Sub	you claiming a homestead exemption ject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca	ses fi	,	,	

Fill in this informa	ation to identify you	r case:				
Debtor 1	Joshua Baron					
Dahia a	First Name	Middle Name Last Na	ame			
Debtor 2 (Spouse if, filing)	Jennifer Baron First Name	Middle Name Last Na	ame			
United States Bank	ruptcy Court for the:	EASTERN DISTRICT OF NEW YORK				
Case number						
(if known)					_	if this is an
					ameno	ded filing
Official Form	106D					
		Who Have Claims Seco	urod k	ov Proporty	.,	40/45
Scriedule L	7. Creditors	WIIO Have Claims Sect	urear	by Propert	<u>y </u>	12/15
is needed, copy the A		If two married people are filing together, both out, number the entries, and attach it to this f				
number (if known).	ava alaima aaavuad by	Submanage manage				
`	ave claims secured by		.l		a manufacture this fame	
_		nis form to the court with your other schedu	ules. You l	nave nothing else to	o report on this form.	
Yes. Fill in a	all of the information l	below.				
Part 1: List All	Secured Claims					
		nore than one secured claim, list the creditor ser		Column A	Column B	Column C
		a particular claim, list the other creditors in Part cal order according to the creditor's name.	2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	•	-		value of collateral.	claim CF4.C 724 00	If any
2.1 M&T Bank Creditor's Name		Describe the property that secures the clair 25 Scott Street Huntington Station		\$398,926.36	\$516,731.00	\$0.00
Greater e Hame		NY 11746 Suffolk County	1,			
		Residence				
PO Box 621	182	As of the date you file, the claim is: Check all apply.	that			
Baltimore,	MD 21264	Contingent				
Number, Street, C	City, State & Zip Code	☐ Unliquidated				
18 71 - 41 - 1 - 1	10.5	Disputed				
Who owes the debt	t? Check one.	Nature of lien. Check all that apply.				
☐ Debtor 1 only ☐ Debtor 2 only		 An agreement you made (such as mortgage car loan) 	e or secure	d		
■ Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)			
☐ At least one of the		☐ Judgment lien from a lawsuit	,			
☐ Check if this claim		Other (including a right to offset)	gage			
community debt						
Date debt was incur	red 2011	Last 4 digits of account number	0516			
2.2 Mazda Cap	ital Services	Describe the property that secures the clair	m·	\$10,540.00	\$0.00	\$10,540.00
Creditor's Name	1101 001 11000	2018 Mazda 6		410,010.00		<u> </u>
		Auto lease				
C/O Chase		As of the date you file, the claim is: Check all	that			
Po Box 780 Phoenix, A		apply.	· indi			
	City, State & Zip Code	Contingent				
Number, Street, C	nly, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the debt	t? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		■ An agreement you made (such as mortgag	e or secure	d		
Debtor 2 only		car loan)				
■ Debtor 1 and Debt	tor 2 only	\square Statutory lien (such as tax lien, mechanic's	lien)			
At least one of the		☐ Judgment lien from a lawsuit	_			
Check if this clair community debt		Other (including a right to offset)	lease			
Date debt was incur	red 05/2018	Last 4 digits of account number	0096			

Official Form 106D

Debtor 1	Joshua Baron			Case number (if known)	
	First Name	Middle Name	Last Name		
Debtor 2	Jennifer Baron				
	First Name	Middle Name	Last Name		
Add the	dollar value of your er	ntries in Column A on	this page. Write that number here:	\$409,466.36	
	the last page of your f at number here:	form, add the dollar va	alue totals from all pages.	\$409,466.36	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Fill in	this informa	tion to identify your	case:					
Debto	or 1	Joshua Baron						
		First Name	Middle Na	ame	Last Name			
Debto		Jennifer Baron						
(Spouse	e if, filing)	First Name	Middle Na	ame	Last Name			
United	d States Bankı	ruptcy Court for the:	EASTERN D	DISTRICT OF NE	W YORK			
Case (if know	number			-			_	Check if this is an
								amended filing
Offic	ial Form	106F/F						
		: Creditors W	ho Havo	Unsecure	d Claime			12/15
						Dani O fan ana	ditors with NONPRIORITY cla	
Schedu Schedu left. Att name a	ule G: Executor ule D: Creditors tach the Contin and case numbe	y Contracts and Unexp Who Have Claims Sec uation Page to this pag er (if known).	ired Leases (Of ured by Properi e. If you have n	ficial Form 106G). ty. If more space is no information to r	Do not include s needed, copy	any creditors the Part you	Schedule A/B: Property (Offices with partially secured claims need, fill it out, number the east Part. On the top of any add	s that are listed in ntries in the boxes on the
Part 1		of Your PRIORITY Un						
1. Do	o any creditors -	have priority unsecure	d claims agains	st you?				
	No. Go to Part	2.						
	Yes.							
Part 2	List All o	of Your NONPRIORIT	Y Unsecured	Claims				
3. Do	o any creditors	have nonpriority unsec	ured claims ag	ainst you?				
	No. You have	nothing to report in this p	art. Submit this f	orm to the court wit	th your other scho	edules.		
	Yes.							
un tha	nsecured claim, I	ist the creditor separately	for each claim.	For each claim list	ed, identify what	ype of claim it	claim. If a creditor has more th t is. Do not list claims already in ority unsecured claims fill out the	cluded in Part 1. If more
								Total claim
4.1	American	Express		Last 4 digits of ac	count number	2002		\$3,640.93
J	Nonpriority C	reditor's Name		When was the de	bt incurred?	2017		
	Newark, N	-						_
	Number Stree	et City State ZIp Code		As of the date you	u file, the claim	is: Check all t	hat apply	
	_	d the debt? Check one.						
	Debtor 1	•		☐ Contingent				
	Debtor 2	only		☐ Unliquidated				
	Debtor 1 a	and Debtor 2 only		☐ Disputed				
	At least or	ne of the debtors and and	other	Type of NONPRIC	ORITY unsecure	d claim:		
	☐ Check if	this claim is for a comr	nunity	☐ Student loans				
	debt	. 14				ration agreem	nent or divorce that you did not	
		subject to offset?		report as priority cl				
	No			☐ Debts to pension	-			
	☐ Yes			Other. Specify	Liability for	business	debt	_

	1 Joshua Baron 2 Jennifer Baron		Case number (if known)				
4.2	American Express	Last 4 digits of account number	1006	\$2,646.32			
	Nonpriority Creditor's Name P.O. Box 1270 Newark, NJ 07101	When was the debt incurred?	2007				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	☐ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:				
		☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Liability for	business debt				
4.3	American Express Nonpriority Creditor's Name	Last 4 digits of account number	1002	\$13,365.77			
	P.O. Box 1270 Newark, NJ 07101	When was the debt incurred?	e debt incurred? 2007				
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	As of the date you file, the claim is: Check all that apply				
	☐ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims					
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Liability for	Other. Specify Liability for business debt				
4.4	Bank of America	Last 4 digits of account number	2374	\$13,533.92			
	Nonpriority Creditor's Name PO Box 15019 Wilmington, DE 19850	When was the debt incurred?	2012				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	No	☐ Debts to pension or profit-sharing plans, and other similar debts					
	Yes	■ Other. Specify Revolving of	credit opened				

Debtor Debtor	1 Joshua Baron 2 Jennifer Baron		Case number (if known)	
4.5	Bank of America	Last 4 digits of account number	6537	\$232.74
	Nonpriority Creditor's Name PO Box 15019 Wilmington, DE 19850	When was the debt incurred?	2008	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Revolving	credit opened	
4.6	Bank of America Nonpriority Creditor's Name	Last 4 digits of account number	4732	\$8,445.00
	PO Box 15019 Wilmington, DE 19850	When was the debt incurred?	2014	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other. Specify Revolving	credit opened	
4.7	Bank of America	Last 4 digits of account number	2051	\$21,102.36
	Nonpriority Creditor's Name PO Box 15019 Wilmington, DE 19850	When was the debt incurred?	2001	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Revolving	credit opened	

Debtor Debtor	1 Joshua Baron 2 Jennifer Baron		Case number (if known)	
4.8	Barclays Nonpriority Creditor's Name	Last 4 digits of account number	4681	\$7,200.00
	Po Box 13337 Philadelphia, PA 19101	When was the debt incurred?	2008	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Revolving	credit opened	
4.9	Barclays	Last 4 digits of account number	9102	\$8,918.56
	Nonpriority Creditor's Name Po Box 13337 Philadelphia, PA 19101	When was the debt incurred?	2015	
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•		
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Revolving	credit opened	
4.1	Barclays	Last 4 digits of account number	4126	\$11,999.63
0	Nonpriority Creditor's Name			411,000100
	Po Box 13337 Philadelphia, PA 19101	When was the debt incurred?	2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin		
	☐ Yes	Other Specify Revolving	credit opened	

Debtor 1 Joshua Baron Debtor 2 Jennifer Baron Case number (if known)				
4.1 1	Best Buy Credit Services Nonpriority Creditor's Name	Last 4 digits of account number	0313	\$1,874.60
	Po Box 78009 Phoenix, AZ 85062	When was the debt incurred?	2006	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Revolving	credit opened	
4.1	Capital One	Last 4 digits of account number	0174	\$11,720.03
	Nonpriority Creditor's Name			
	Po Box 6492 Carol Stream, IL 60197	When was the debt incurred?	2006	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Revolving	credit opened	
4.1	Capital One	Last 4 digits of account number	7003	\$1,809.54
	Nonpriority Creditor's Name	_		
	Po Box 6492	When was the debt incurred?	2011	
	Carol Stream, IL 60197 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	,		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	0 0 1	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharir		
	Yes	Other. Specify Revolving	credit opened	

Debte Debte	or 1 Joshua Baron or 2 Jennifer Baron		Case number (if known)	
4.1 4	Capital One	Last 4 digits of account number	2192	\$7,879.83
	Nonpriority Creditor's Name Po Box 6492 Carol Stream, IL 60197 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim	2005	
	Who incurred the debt? Check one.	_	or orion an mat apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	a plane, and other similar debts	
	■ No □ Yes	Other. Specify Revolving	- '	
4.1 5	Capital One	Last 4 digits of account number	8372	\$500.00
	Nonpriority Creditor's Name Po Box 6492 Carol Stream, IL 60197	When was the debt incurred?	2007	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Revolving	credit opened	
4.1 6	Capital One	Last 4 digits of account number	5278	\$4,801.36
	Nonpriority Creditor's Name Po Box 6492 Corol Stroom II 60107	When was the debt incurred?	2007	
	Carol Stream, IL 60197 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	□ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Revolving	credit opened	

Debtor Debtor	1 Joshua Baron 2 Jennifer Baron		Case number (if known)	
4.1 7	Chase Freedom	Last 4 digits of account number	4364	\$2,607.01
	Nonpriority Creditor's Name Cardmember Service Po Box 1423 Charlotte, NC 28201	When was the debt incurred?	2007	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Revolving	credit opened	
4.1 8	Chase Freedom	Last 4 digits of account number	9714	\$10,267.28
	Nonpriority Creditor's Name Cardmember Service Po Box 1423 Charlotte, NC 28201	When was the debt incurred?	2007	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Revolving	credit opened	
4.1 9	Chase Ink Nonpriority Creditor's Name	Last 4 digits of account number	2399	\$2,856.57
	Cardmember Services Po Box 1423	When was the debt incurred?	2011	
	Charlotte, NC 28201 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	□Yes	■ Other. Specify Revolving	- :	

Debtor Debtor	1 Joshua Baron 2 Jennifer Baron		Case number (if known)	
4.2 0	Chase Ink	Last 4 digits of account number	5153	\$4,203.75
	Nonpriority Creditor's Name Cardmember Services Po Box 1423 Charlotte, NC 28201	When was the debt incurred?	2006	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ■ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Revolving	credit opened	
4.2	Chase Ink	Last 4 digits of account number	7081	\$9,975.90
	Nonpriority Creditor's Name Cardmember Services Po Box 1423	When was the debt incurred?	2007	
	Charlotte, NC 28201 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Revolving	credit opened	
4.2	Chase Marriott Nonpriority Creditor's Name	Last 4 digits of account number	9358	\$14,834.63
	Cardmember Service PO Box 1423	When was the debt incurred?	2014	
	Charlotte, NC 28201 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	3	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Revolving	credit opened	

Debto Debto	r 1 Joshua Baron r 2 Jennifer Baron			
4.2	Chase Slate	Last 4 digits of account number	0933	\$3,132.57
	Nonpriority Creditor's Name Cardmember Service Po Box 1423 Charlotte, NC 28201	When was the debt incurred?	2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Revolving (credit opened	
4.2	Citi Aadvantage	Last 4 digits of account number	8125	\$27,359.77
	Nonpriority Creditor's Name Citi Cards Po Box 9001037	When was the debt incurred?	Over 10 Years	
	Louisville, KY 40290 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 2 only Debtor 1 and Debtor 2 only	<u> </u>		
	_	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□ Yes	_ Revolving	credit opened nding in #64627	
4.2	Citi Diamond Preferred	Last 4 digits of account number	5422	\$19,510.51
	Nonpriority Creditor's Name Citi Cards Po Box 70166	When was the debt incurred?	2009	
	Philadelphia, PA 19176 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only			
		Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	1 claim:	
	At least one of the debtors and another	Student loans	a Gianni.	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	agreement of divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Revolving	credit opened	

Debto Debto	or 1 Joshua Baron or 2 Jennifer Baron			
4.2 6	Citi Double Cash Card	Last 4 digits of account number	6725	\$4,775.00
	Nonpriority Creditor's Name CitiCards PO Box 70166 Philadelphia, PA 19176	When was the debt incurred?	2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Revolving	credit opened	
4.2 7	Citi Thank You Card Nonpriority Creditor's Name	Last 4 digits of account number	4797	\$1,972.84
	Citi Cards Po Box 70166	When was the debt incurred?	2010	
	Philadelphia, PA 19176 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	01	
	Yes	Other. Specify Revolving	credit opened	
4.2 8	Citi Thank You Preferred Nonpriority Creditor's Name	Last 4 digits of account number	0519	\$2,201.27
	Citi Cards Po Box 70166	When was the debt incurred?	2011	
	Philadelphia, PA 19176 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharin		
	Yes	■ Other. Specify Revolving	credit opened	

	or 1 Joshua Baron or 2 Jennifer Baron	Case number (if known)		
4.2 9	Discover	Last 4 digits of account number	9151	\$8,307.72
	Nonpriority Creditor's Name PO Box 71084	When was the debt incurred?	2008	
	Charlotte, NC 28272 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Revolving	credit opened	
4.3 0	Discover	Last 4 digits of account number	8730	\$14,390.00
	Nonpriority Creditor's Name PO Box 71084 Charlotte, NC 28272	When was the debt incurred?	2006	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	a plans, and other similar debts	
	☐ Yes	·	credit opened	
			·	
4.3 1	Elan Financial Nonpriority Creditor's Name	Last 4 digits of account number	0114	\$7,861.00
	CB Disputes Po Box 108 Saint Louis, MO 63166	When was the debt incurred?	2016	
	Number Street City State Zlp Code	As of the date you file, the claim i	is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	•	
	■ No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify Revolving ©	credit found on credit report	

Debto Debto	or 1 Joshua Baron or 2 Jennifer Baron		Case number (if known)	
4.3 2	Fidelity Credit Card	Last 4 digits of account number	5592	\$7,405.70
	Nonpriority Creditor's Name Cardmember Service Po Box 790408 Saint Louis, MO 63179	When was the debt incurred?	2015	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Revolving	credit opened	
4.3	Nassau Educators F.C.U.	Last 4 digits of account number	9301	\$7,540.51
	Nonpriority Creditor's Name 1000 Corporate Drive Westbury, NY 11590	When was the debt incurred?	2014	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Liability for	r business debt	
4.3 4	Nassau Educators F.C.U.	Last 4 digits of account number	4467	\$14,894.36
	Nonpriority Creditor's Name 1000 Corporate Drive Westbury, NY 11590	When was the debt incurred?	2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	Student loans	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	addon agreement of divorce that you did flot	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other, Specify Revolving	credit opened	

	or 1 Joshua Baron or 2 Jennifer Baron			
4.3 5	Santander	Last 4 digits of account number	3161	\$4,069.01
	Nonpriority Creditor's Name Card Services Processing PO Box 12768 Reading, PA 19612	When was the debt incurred?	2011	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans	d claim: ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	·	
	Yes	Other. Specify Revolving	• •	
4.3	Small Business Admin. Nonpriority Creditor's Name	Last 4 digits of account number	5008	\$11,735.01
	2 North 20th Street Suite 320 Birmingham, AL 35203	When was the debt incurred?	2011	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Unpaid Sm	all Business Loan	
4.3 7	TD Bank N.A. Nonpriority Creditor's Name	Last 4 digits of account number	6059	\$7,408.25
	PO Box 16027 Lewiston, ME 04243	When was the debt incurred?	2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharin		
	Yes	■ Other. Specify Revolving	credit opened	

	Joshua Baron Jennifer Baron			Case number (if known)			
	JS Bank, N.A.	Last 4 digits of account nu	ımber	4573	\$9,898.22		
F	lonpriority Creditor's Name PO Box 790408 Saint Louis, MO 63179	When was the debt incurre	ed?	2017	_		
N	Jumber Street City State Zlp Code Vho incurred the debt? Check one.	As of the date you file, the	claim	is: Check all that apply			
[Debtor 1 only Debtor 2 only	☐ Contingent ☐ Unliquidated					
_	☐ Debtor 1 and Debtor 2 only At least one of the debtors and another	Type of NONPRIORITY un	☐ Disputed Type of NONPRIORITY unsecured claim:				
d	Check if this claim is for a community lebt s the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
ı	No	Debts to pension or profi	t-sharir	ng plans, and other similar debts			
[Yes	Other. Specify Revol	ving	credit opened	_		
Part 3:	List Others to Be Notified About a Do	ebt That You Already Listed					
is trying have mo	page only if you have others to be notified to collect from you for a debt you owe to so ore than one creditor for any of the debts th for any debts in Parts 1 or 2, do not fill out	omeone else, list the original cre at you listed in Parts 1 or 2, list tl	ditor ir	Parts 1 or 2, then list the collection agen	cy here. Similarly, if you		
	r & Associates PC	On which entry in Part 1 or Part 2 Line 4.1 of (<i>Check one</i>):		list the original creditor? Part 1: Creditors with Priority Unsecured Cl	aims		
PO Box	: 9013 er, MA 01810			Part 2: Creditors with Nonpriority Unsecure	d Claims		
Alluove	i, ma viviv	Last 4 digits of account number		2002			

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 316,877.47
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 316,877.47

Fill in this infor	mation to identify your	case:		
Debtor 1	Joshua Baron			
	First Name	Middle Name	Last Name	
Debtor 2	Jennifer Baron			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT OF NEW YORK		
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Mazda Capital Services C/O Chase Po Box 78074 Phoenix, AZ 85062	2018 Mazda 6 - 3 Year Auto lease Opened 05/2018 \$340.00 Monthly Ends 2021

Fill in th	nis information to identify your	case:		
Debtor 1	Joshua Baron			
	First Name	Middle Name	Last Name	
Debtor 2	2 Jennifer Baron			
(Spouse if,	filing) First Name	Middle Name	Last Name	
United S	States Bankruptcy Court for the:	EASTERN DISTRICT OF	NEW YORK	
Case nu	ımher			
(if known)				☐ Check if this is an
				amended filing
	al Form 106H edule H: Your Cod	ebtors		12/15
SCITE	dule II. Tour Cou	<u>eniois</u>		12/15
eople a ill it out our nar	are filing together, both are equ , and number the entries in the me and case number (if known)	ally responsible for supply boxes on the left. Attach t). Answer every question.	s you may have. Be as complete and ac ying correct information. If more space the Additional Page to this page. On the o not list either spouse as a codebtor.	is needed, copy the Additional Page,
1. 0	oo you have any codebtors: (II	you are ming a joint case, uc	o not list etiner spouse as a codebtor.	
	No.			
Y	'es			
			perty state or territory? (Community prorto Rico, Texas, Washington, and Wiscons	
_				
_	No. Go to line 3.			
ШΥ	es. Did your spouse, former spor	use, or legal equivalent live v	with you at the time?	
in li For	ine 2 again as a codebtor only i	if that person is a guaranto	pouse as a codebtor if your spouse is a or or cosigner. Make sure you have liste le G (Official Form 106G). Use Scheduk	ed the creditor on Schedule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		creditor to whom you owe the debt dules that apply:
3.1	CMYK Print Group Inc.		☐ Schedule	D line
0.1	25 Scott Street			E/F, line 4.33
	Huntington Station, NY 11	1746	□ Schedule	
				cators F.C.U.
3.2	CMYK Print Group Inc.		☐ Schedule	D, line
	25 Scott Street	1746	■ Schedule	E/F, line 4.36
	Huntington Station, NY 11	1740	☐ Schedule (
			Small Busine	ess Admin.
3.3	CMYK Print Group Inc.		☐ Schedule	D, line
	25 Scott Street			E/F, line 4.3
	Huntington Station, NY 11	1746	☐ Schedule (
			American Ex	

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Debtor 1	Josnua Baron Jennifer Baron	Case number (if known)		
	Additional Days to List Mays Codebtors			
	Additional Page to List More Codebtors Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:		
3.4	CMYK Print Group Inc.	☐ Schedule D, line		
	25 Scott Street Huntington Station, NY 11746	Schedule E/F, line4.2		
	Trainington Station, NY 11746	☐ Schedule G American Express		
3.5	CMYK Print Group Inc.	☐ Schedule D, line		
	25 Scott Street	■ Schedule E/F, line 4.1		
	Huntington Station, NY 11746	□ Schedule G		
		American Express		
3.6	CMYK Print Group Inc.	☐ Schedule D, line		
	25 Scott Street	■ Schedule E/F, line 4.15		
	Huntington Station, NY 11746	☐ Schedule G		
		Capital One		
3.7	CMYK Print Group Inc.	☐ Schedule D, line		
	25 Scott Street	■ Schedule E/F, line 4.16		
	Huntington Station, NY 11746	☐ Schedule G		
		Capital One		
3.8	CMYK Print Group Inc.	☐ Schedule D, line		
	25 Scott Street	■ Schedule E/F, line 4.19		
	Huntington Station, NY 11746	□ Schedule G		
		Chase Ink		
3.9	CMYK Print Group Inc.	☐ Schedule D, line		
	25 Scott Street	■ Schedule E/F, line 4.20		
	Huntington Station, NY 11746	☐ Schedule G		
		Chase Ink		
3.10	CMYK Print Group Inc.	☐ Schedule D, line		
	25 Scott Street	■ Schedule E/F, line 4.21		
	Huntington Station, NY 11746	☐ Schedule G		
		Chase Ink		
3.11	CMYK Print Group Inc.	☐ Schedule D, line		
	25 Scott Street	■ Schedule E/F, line 4.29		
	Huntington Station, NY 11746	☐ Schedule G		
		Discover		

Debtor 1	Joshua Baron Jennifer Baron	Case number (if known)
	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.12	CMYK Print Group Inc. 25 Scott Street Huntington Station, NY 11746	☐ Schedule D, line ■ Schedule E/F, line ☐ Schedule G US Bank, N.A.

Fill	in this information to	identify your ca	ise:					1					
	otor 1	Joshua Baro											
	otor 2 ouse, if filing)	Jennifer Bar	on				_						
Uni	ted States Bankrupt	cy Court for the:	EASTERN DISTRICT	OF NEV	V YORK		_						
_	se number			-				☐ An		ent show	0.	stpetitior	n chapter
0	fficial Form	106I							I / DD/ Y		, ioliowi	ng date	
	chedule I: \		ome					IVIIVI	ו וטט וו	111			12/1
spo atta	use. If you are sepa ch a separate shee	arated and you et to this form. (Employment	are married and not filir r spouse is not filing w On the top of any additi	ith you, (do not include	inforı	mati	on about y d case num	our spo nber (if I	use. If (known)	more s	pace is er every	needed, , questior
	information.	,		Debto	or 1			D	Debtor 2	or non	-filing s	spouse	
	If you have more t attach a separate		Employment status	■ Em	ployed				Emplo	•			
	information about employers.			☐ No	t employed				☐ Not er	mployed	i		
	. ,		Occupation	Self E	Employed				/larketi	ng Dir	ector		
	Include part-time, self-employed wor		Employer's name	CMYI	K Print Group	Inc.			homps	son Re	uters		
	Occupation may in or homemaker, if i		Employer's address										
			How long employed t	here?	12 Years				1	7 Year	s		
Par	Give Det	ails About Mon	thly Income										
	mate monthly inco use unless you are s		ate you file this form. If	you have	e nothing to repo	rt for	any	line, write \$	0 in the	space.	Include	your no	n-filing
	u or your non-filing s e space, attach a se		re than one employer, co	ombine th	ne information fo	r all e	emplo	oyers for the	at perso	n on the	ines b	elow. If	you need
								For Debto	or 1		Debtor 2 filing s _l		
2.			ry, and commissions (be calculate what the month)			2.	\$		0.00	\$	10,6	687.95	-
3.	Estimate and list	monthly overti	me pay.			3.	+\$		0.00	+\$_		0.00	_

Official Form 106I Schedule I: Your Income page 1

0.00

\$ 10,687.95

4. **Calculate gross Income.** Add line 2 + line 3.

Deb Deb	tor 1	Joshua Baron Jennifer Baron		Case r	number (<i>if known</i>)			
				For	Debtor 1		btor 2 or	
	Сор	y line 4 here	4.	\$	0.00	\$	10,687.95	
_	1:-4							
5.		all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	1,645.45	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	855.05	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	741.17	
	5e.	Insurance	5e.	\$	0.00	\$	692.60	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	- \$—	0.00	*	0.00	
	5h.	Other deductions. Specify: After tax AD&D	5h.+	· —		+ \$	10.27	
		Employee Life Insurance		\$	0.00	\$	67.84	
		Long Term Disability		*—	0.00	· 	39.02	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	4,051.40	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	6,636.55	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	8a.	\$	0.00	\$	0.00	
	8b.	monthly net income. Interest and dividends	oa. 8b.	- \$ \$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		Ψ \$	0.00	\$ \$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$-	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	+ \$	0.00	+ \$	0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		0.00 + \$_	6,636	5.55 = \$	6,636.55
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedulude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are notify:	ur depen		•		edule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The re that amount on the Summary of Schedules and Statistical Summary of Cerlies					12. \$Combin	6,636.55 ed
13.	Do y	you expect an increase or decrease within the year after you file this for No.	m?				monthly	/ income
		Yes. Explain: Debtor is looking to close his business as it ha	s been	runni	ng at a loss t	ne last 2	years	
		-						

Official Form 106I Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:			I			
Del	otor 1	Joshua Bard	on			Che	eck if this is:		
	otor 2	Jennifer Bar	ron					ent shov	ving postpetition chapter the following date:
Uni	ited States Bank	ruptcy Court for the	: EASTE	RN DISTRICT OF NEW Y	ORK		MM / DD / `	YYYY	
Cas	se number								
1	known)								
0	fficial Fo	rm 106J							
		J: Your							12/1
inf	ormation. If m		eded, atta	. If two married people ar ch another sheet to this n.					
		ribe Your House	ehold						
1.	Is this a joi								
	□ No. Go to		in a conom	ate household?					
	_		ın a separ	ate nousenoid?					
	■ N		st file Offic	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	btor 2.		
2.	Do you hav	e dependents?	□ No						
	Do not list D Debtor 2.	-	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Depend age	ent's	Does dependent live with you?
	Do not state dependents				Son		11		□ No ■ Yes
					Son		21		□ No ■ Yes
									□ No
									☐ Yes ☐ No
									☐ Yes
3.	expenses of	penses include of people other t d your depende	han 👝	No Yes					
Es ^s	timate your e	a date after the	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp					
the		h assistance an		government assistance i cluded it on <i>Schedule I:</i>)			Yo	our exp	enses
4.		or home owners and any rent for th		ses for your residence. I	nclude first mortgag	e 4.	\$		3,400.00
	If not include	ded in line 4:							
	4a. Real	estate taxes				4a.	\$		0.00
		erty, homeowner'	s, or renter	's insurance		4b.	·		0.00
	•	•		ıpkeep expenses		4c.	\$		400.00
5		eowner's associa		dominium dues	mo oquity loops	4d.	\$ \$		0.00

Cutification Case number (if known)		otor 1	Joshua				
6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. S 150,00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 660,00 6d. Other, Specify. Alarm 7. Food and housekepsing supplies 7. \$ 1,460,00 8. Childcare and children's education costs 8. \$ 100,00 9. Clothing, laundry, and dry cleaning 9. \$ 200,00 10. Personal care products and services 11. \$ 200,00 11. Medical and dental expenses 11. \$ 200,00 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$ 200,00 13. Electratiment, clubs, recreation, newspapers, magazines, and books 14. \$ 200,00 15. Insurance. 16. Charitable contributions and religious donations 16. Litensurance 17. Insurance. 18. Health insurance deducted from your pay or included in lines 4 or 20. 19. Vehicle insurance specify: Term Life Insurance 19. Vehicle insurance specify: Term Life Insurance 19. Vehicle insurance specify: Term Life Insurance 19. Specify: 19. Car payments for Vehicle 1 17. Car payments for Vehicle 1 17. Car payments for Vehicle 2 17. Contres, Specify: Train Spe	Deb	otor 2	Jennifer	Baron	Case num	ber (if	known)
8b. Water, sewer, garbage collection 6c. Telephone, cell phone, limtemet, satellite, and cable services 6c. \$ 660,00 6d. Orther, Specify Alarm 6d. \$ 20,00 7. Food and housekeeping supplies 7, \$ 1,460,00 7. Food and dental expenses 10, \$ 200,000 7. Foresonal care products and services 10, \$ 200,000 7. Food and dental expenses 11, \$ 410,000 7. Food and dental expenses 12, \$ 200,000 7. Food and dental exp	6.	Utiliti	ies:				
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6 d. Other. Specify: Alarm Food and housekeeping supplies 8. Childcare and children's education costs 8. \$ 100.00 1. Childcare and children's education costs 8. \$ 200.00 1. Medical acte products and services 10. \$ 200.00 1. Medical and ental expenses 11. \$ 410.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 12. \$ 200.00 13. \$ 200.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 200.00 15b. Health insurance 15c. \$ 165.00 15c. Vehicle insurance. Specify: Term Life Insurance 15c. \$ 165.00 15c. Vehicle insurance 15c. \$ 165.00 15c. Vehicle insurance specify: Term Life Insurance 15c. \$ 165.00 15c. Vehicle insurance and support that you did not report as deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. \$ 0.00 17c. Other. Specify: 17d. S 0.00 17d. Other. Specify: 17d. S 0.00 17d. Other. Specify: 17d. S 0.00 17d. Other specify: 17d. S 0.00 17d. Other specify: 17d. S 0.00 17d. Other payments or vehicle 2 17b. S 0.00 17c. Other payments or vehicle 2 17c. S 0.00 17d. Other payments or vehicle 2 17d. S 0.00 17d. Other specify: 17d. S 0.00 17d. Other specify: 17d. S 0.00 17d. Other payments or vehicle 2 17d. S 0.00 17d. Other payments or vehicle 2 17d. S 0.00 17d. Other payments or vehicle 2 17d. S 0.00 17d. Other payments or vehicle 2 17d. S 0.00 17d. Other payments or vehicle 2 17d. S 0.00 17d. Other payments or vehicle 2 17d. S 0.00 17d. Other payments or vehicle 2 17d. S 0.00 17d. Other payments or vehicle 2 17d. S 0.00 17d. Other payments or vehicle 2 17d. S 0.00 17d. Other payments or vehicle 2 17d. S		6b.	Water, sev	wer, garbage collection	6b.	\$ _	15.00
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13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 300.00 14. Charitable contributions and religious donations 14. \$ 0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 200.00 15b. Health insurance 15c. \$ 156. \$ 0.00 15c. Vehicle insurance 15c. \$ 156. \$ 165.00 15d. Other insurance. Specify: Term Life Insurance 15d. \$ 165.00 15d. Other insurance. Specify: Term Life Insurance 15d. \$ 165.00 15d. Other insurance. Specify: Term Life Insurance 15d. \$ 165.00 15d. Other insurance. Specify: Term Life Insurance 15d. \$ 165.00 15d. Other insurance. Specify: Term Life Insurance 15d. \$ 165.00 15d. Other insurance. Specify: Term Life Insurance 15d. \$ 0.00 15d. Other insurance. Specify: Term Life Insurance 15d. \$ 0.00 15d. Other insurance Term Life Insurance 15d. \$ 0.00 15d. Other insurance. Specify: Term Life Insurance 17d. Car payments for Vehicle 1 17a. \$ 340.00 17b. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other payments by our make to support others who do not live with you. \$ 0.00 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 17d. Capparent your make to support others who do not live with you. \$ 0.00 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 17d. Capparent your Income. 17d. Capparent your Income. 17d. \$ 0.00 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 17d. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 17d. Other real property	12.	Trans	sportation.	Include gas, maintenance, bus or train fare.		_	
14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance. 15b. S. 0.000 15c. Vehicle insurance. Specify: Term Life Insurance 15c. Vehicle insurance. Specify: Term Life Insurance 15d. S. 15d. S. 125.31 16. Taves. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). 19. Other payments you make to support others who do not lite with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income. 20a. Mortgages on other property 20a. S. 0.00 20b. Real estate taxes 20b. S. 0.00 20c. Property, homeowner's, or renter's insurance 20c. S. 0.00 20c. Property, homeowner's, or renter's insurance 20c. S. 0.00 20d. Maintenance, repair, and upkeep expenses 20d. S. 0.00 20e. Homeowner's association or condominium dues 22a. Add lines 24 and 22b. The result is your monthly expenses. 23a. Copy line 12 (your combined monthy income) from Schedule 1. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. 17c. Security in the line paying lot your car loan within the year of dyou expect your inortgage payment to increase or decrease because of a modification to the terms of your mortgage?							200.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Term Life Insurance 15d. Care payments. Specify: Term Life Insurance 15d. Care payments for Vehicle 1 17d. Care payments for Vehicle 1 17a. \$ 0.00 17b. Care payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17d. Other spayments or unable to support others who do not live with you. 19. Other payments you make to support others who do not live with you. 19. Other payments you make to support others who do not live with you. 20a. Mortgages on other property 20b. Specify: 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's association or condominium dues 20c. Subtract your monthly expenses for Debtor 2), if any, from Official Form 106J-2 21c. Calculate your monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 24 and 22b. The result is your monthly income) 23d. Subtract your monthly expenses from line 22c above. 23d. \$ 8,895.31 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses in your expenses within the year of do y	13.	Ente	rtainment,	clubs, recreation, newspapers, magazines, and books	13.	\$_	300.00
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23b. Copy your monthly expenses from line 22c above. 23b\$ 8,895.31 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . 23c. \$ -2,258.76 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.	23.						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . 23c. \$ -2,258.76 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.							6,636.55
The result is your monthly net income. 23c. \$ -2,258.76 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.		23b.	Copy your	r monthly expenses from line 22c above.	23b.	-\$ _	8,895.31
The result is your monthly net income. 23c. \$ -2,258.76 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.							
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.		23c.			220	\$	-2 258 76
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No.			The result	is your montnly net income.	230.	Ψ	2,200.10
	24.	For ex modifi	xample, do yo ication to the	ou expect to finish paying for your car loan within the year or do you expect you			
☐ Yes. Explain here:				[= · · ·			
		□Y€	es.	Explain here:			

Fill in this informa	ation to identify your	case:				
Debtor 1	Joshua Baron					
Debtor 2	First Name Jennifer Baron	Middle Name	Las	t Name		
(Spouse if, filing)	First Name	Middle Name	Las	t Name		
United States Bank	cruptcy Court for the:	EASTERN DISTRIC	T OF NEW YO	RK		
Case number						☐ Check if this is an amended filing
Official Form		na las alis si als s	al Dalati		Calcaduda a	
Declaration	on About a	<u>n inaiviau</u>	ai Debto	<u>ors</u>	Schedules	12/15
You must file this footaining money o	form whenever you file or property by fraud in J.S.C. §§ 152, 1341, 1	e bankruptcy sched	· ules or amende	d sche		statement, concealing property, or 0,000, or imprisonment for up to 20
Did you pay o	or agree to pay some	one who is NOT an a	ttorney to help	you fil	l out bankruptcy forms	?
■ No □ Yes. Na	me of person					Bankruptcy Petition Preparer's Notice, tion, and Signature (Official Form 119)
	of perjury, I declare rue and correct.	that I have read the s	summary and s	chedul	es filed with this decla	ration and
X /s/ Joshu	ua Baron		X	/s/ Je	nnifer Baron	
Joshua I Signature	Baron of Debtor 1				ifer Baron ture of Debtor 2	
Date De	ecember 27, 2018			Date	December 27, 2018	

Official Form 106Dec

Fill in	this inform	ation to identify you	r case:			
Debto	r 1	Joshua Baron				
		First Name	Middle Name	Last Name		
Debto		Jennifer Baron				
(Spouse	if, filing)	First Name	Middle Name	Last Name		
United	States Bar	kruptcy Court for the:	EASTERN DISTRICT OF	F NEW YORK		
Case r	number					
(if knowr						Check if this is an
						mended filing
Ott:	sial Ear	m 107				
		<u>m 107</u>	Affaira far Indivi	duala Filipa far F	Dankruntar	
			Affairs for Indivi			4/16
					e equally responsible for sup ny additional pages, write you	
). Answer every que		on and top or an	., aaamona pagoo, moo yo	
Part 1	Give D	etails About Your Ma	arital Status and Where You	u Lived Before		
		current marital statu	167			
	nat is your	ourrent maritar state				
	Married					
	Not mar	ried				
2. Dı	uring the la	st 3 years, have you	lived anywhere other than	where you live now?		
	l Ni-					
	l No L Vac Lie	all of the places you	ived in the last 3 years. Do n	ot include where you live no	NA/	
	1 1 C3. LI3	all of the places you i	ived in the last 5 years. Do n	ot include where you live no	vv.	
D	ebtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior A	ddress:	Dates Debtor 2 lived there
a W	ithin the la	et 8 years did you e	ver live with a snouse or le	aal equivalent in a commu	nity property state or territor	v? (Community property
					Rico, Texas, Washington and V	
	l _{No}					
		ke sure vou fill out <i>Sci</i>	nedule H: Your Codebtors (C	Official Form 106H).		
		no outo you iiii out ooi	rodaro in roda obdestero (o	, , , , , , , , , , , , , , , , , , ,		
Part 2	Explai	n the Sources of You	r Income			
4 Di	d vou have	any income from er	nnlovment or from operation	na a husiness durina this y	ear or the two previous cale	ndar veare?
Fil	ll in the tota	I amount of income yo	u received from all jobs and	all businesses, including par	t-time activities.	ildai years:
If y	you are filin	g a joint case and you	have income that you receive	ve together, list it only once u	ınder Debtor 1.	
	l No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	st calenda ary 1 to De	year: cember 31, 2018)	☐ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$138,858.90
			Operating a business		☐ Operating a business	

Official Form 107

	otor 1 otor 2		shua Baro nnifer Bar				Case	number (if known)		
					5					
					Sources of income Check all that apply.	Gross income (before deductions a exclusions)	and	Sources of inco Check all that ap		Gross income (before deductions and exclusions)
			dar year bei December		☐ Wages, commissions, bonuses, tips	\$0	0.00	■ Wages, common bonuses, tips	nissions,	\$115,000.00
					Operating a business			☐ Operating a b	usiness	
For (Ja	the o	calend y 1 to	dar year: December :	31, 2016)	☐ Wages, commissions, bonuses, tips	\$5,700	0.00	■ Wages, common bonuses, tips	nissions,	\$113,500.00
					Operating a business			☐ Operating a b	usiness	
		each s	,	he gross inco	pee and you have income that the same from each source separate Debtor 1	tely. Do not include inc	ome tha	at you listed in line Debtor 2	4.	Onese income
					Sources of income Describe below.	Gross income from each source (before deductions a exclusions)		Sources of inco Describe below.	me	Gross income (before deductions and exclusions)
Par	t 3:	List	Certain Pa	yments You	Made Before You Filed for	Bankruptcy				
6.	Are □	either No.	Neither De	ebtor 1 nor E orimarily for a	's debts primarily consume Debtor 2 has primarily consume personal, family, or househoure you filed for bankruptcy, di	umer debts. Consumer ld purpose."				1(8) as "incurred by an
			☐ Yes	List below e paid that cr not include	each creditor to whom you pa editor. Do not include paymen payments to an attorney for t t on 4/01/19 and every 3 year	nts for domestic suppor his bankruptcy case.	t obliga	tions, such as chil	d support a	and alimony. Also, do
		Yes.			or both have primarily consumer you filed for bankruptcy, di		a total	of \$600 or more?		
			■ No.	Go to line 7						
			☐ Yes	include pay	each creditor to whom you pa ments for domestic support o this bankruptcy case.					
	Cre	ditor'	s Name and	d Address	Dates of payme		ınt aid	Amount you still owe	Was this	payment for

	otor 2 Jennifer Baron		Cas	e number (if known)		
7.	Within 1 year before you filed for bankruptor Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gen control, or owner of 20% o	eral partners; partner or more of their voting	erships of which yo g securities; and ar	u are a genera ny managing a	al partner; corporations gent, including one for
	No☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos				count of a d	ebt that benefited an
	■ No □ Yes. List all payments to an insider					
	☐ Yes. List all payments to an insider Insider's Name and Address	Dates of payment	Total amount	Amount you		this payment
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures	paid	still owe	Include cred	litor's name
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.	cy, was any of your prope v.	erty repossessed, f	oreclosed, garnis	hed, attached	d, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	d			property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec. No Yes. Fill in the details.		luding a bank or fir	nancial institution	, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	e creditor took	Date a taken	action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a No Yes		erty in the possess	ion of an assigned	e for the bene	efit of creditors, a
Par	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any gift	s with a total value	of more than \$60	0 per person'	?
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the gi	you gave fts	Value
	Person to Whom You Gave the Gift and Address:					

	otor 2 Jennifer Baron			Case number	(if known)	
14.	Within 2 years before you filed for band ■ No	kruptcy, d	did you give any gifts or contributi	ons with a tota	al value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or	contribut	ion.			
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co		Describe what you contributed		Dates you contributed	Value
Par	t 6: List Certain Losses					
15.	Within 1 year before you filed for banks or gambling?	uptcy or	since you filed for bankruptcy, did	l you lose any	thing because of the	ft, fire, other disaster,
	□ No					
	Yes. Fill in the details.					
	Describe the property you lost and	Descri	be any insurance coverage for the	loss	Date of your	Value of property
	how the loss occurred	Include	the amount that insurance has paid not claims on line 33 of Schedule A/b	. List pending	loss	lost
	2011 BMW in car accident 05/2018	Used	insurance \$ for auto lease		05/2018	\$0.00
Par	t 7: List Certain Payments or Transfe	ers				
	Include any attorneys, bankruptcy petition ☐ No ☐ Yes. Fill in the details. Person Who Was Paid	preparei	Description and value of any pro	·	Date payment	Amount of
	Address Email or website address Person Who Made the Payment, if Not	You	transferred		or transfer was made	payment
	Scott R. Schneider 117 Broadway Hicksville, NY 11801		\$2,950.00 plus filing fee to be to filing.	e paid prior	10/09/2018	\$2,950.00
17.	Within 1 year before you filed for banks promised to help you deal with your cr Do not include any payment or transfer th	editors o	r to make payments to your credite		or transfer any prope	erty to anyone who
	■ No □ Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any protransferred	pperty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a second with the work of th	our busin ers made a	ess or financial affairs? as security (such as the granting of a			
	Person Who Received Transfer		Description and value of	Describe	any property or	Date transfer was
	Address Person's relationship to you		property transferred		s received or debts	made

Case number (if known)

19.	Within 10 years before you beneficiary? (These are ofte			y property to a	a self-settle	ed trust or similar device	e of which you are a	l
	■ No	,	,					
	☐ Yes. Fill in the details.							
	Name of trust		Description and v	alue of the pro	operty trans	sferred	Date Transfer wa made	38
Pa	rt 8: List of Certain Finance	ial Accounts, Instru	uments, Safe Deposi	t Boxes, and S	torage Uni	ts		
20.	Within 1 year before you file sold, moved, or transferred Include checking, savings, houses, pension funds, comments.	? money market, or o	other financial accou	nts; certificate	s of depos	•	•	•
	No Fill in the details							
	Yes. Fill in the details.			T (D-1	Lasthalas	
	Name of Financial Instituti Address (Number, Street, City, S Code)		ast 4 digits of ccount number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last baland before closing transf	0
21.	Do you now have, or did yo cash, or other valuables?	u have within 1 yea	r before you filed for	bankruptcy, a	ıny safe de	posit box or other depo	sitory for securities	,
	■ No							
	Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, S		Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?	
22.	■ No ■ Yes. Fill in the details.	i a storage unit or p	blace other than you	nome within	i year befo	re you filed for bankrup	itcy?	
	Name of Storage Facility Address (Number, Street, City, S	state and ZIP Code)	Who else has or lot it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?	
Pa	rt 9: Identify Property You	Hold or Control for	Someone Else					
23.	Do you hold or control any for someone.	property that some	one else owns? Incl	ude any prope	rty you bor	rowed from, are storing	g for, or hold in trust	
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, S	state and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Val	ue
Pa	rt 10: Give Details About Er	nvironmental Inform	nation					
For	the purpose of Part 10, the f	ollowing definitions	s apply:					
	Environmental law means a toxic substances, wastes, or regulations controlling the	or material into the	air, land, soil, surfac	e water, groun				or
	Site means any location, facto own, operate, or utilize it	cility, or property as	s defined under any		law, wheth	ner you now own, opera	ite, or utilize it or use	90
	Hazardous material means hazardous material, polluta			as a hazardou	s waste, ha	azardous substance, to	xic substance,	

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Joshua Baron

Jennifer Baron

Debtor 1 Debtor 2

	tor 1 Joshua Baron tor 2 Jennifer Baron		Case number (if known)	
24.	Has any governmental unit notified you that ■ No	t you may be liable or potentially liable	under or in violation of an environme	ntal law?
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of	any release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adn	ninistrative proceeding under any envir	ronmental law? Include settlements a	nd orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	111: Give Details About Your Business or	Connections to Any Business		
27.	Within 4 years before you filed for bankrupt	cy, did you own a business or have an	y of the following connections to any	business?
	☐ A sole proprietor or self-employed in	n a trade, profession, or other activity,	either full-time or part-time	
	☐ A member of a limited liability comp	any (LLC) or limited liability partnershi	ip (LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing ex	ecutive of a corporation		
	☐ An owner of at least 5% of the voting	g or equity securities of a corporation		
	☐ No. None of the above applies. Go to F	Part 12.		
	Yes. Check all that apply above and fill	in the details below for each business	i.	
	Business Name Address	Describe the nature of the business	Employer Identification number Do not include Social Security n	umber or ITIN.
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates business existed	
	CMYK Print Group Inc. 25 Scott Street	Print broker	EIN: 20-5446977	
	Huntington Station, NY 11746		From-To 2006-present date	
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to	o anyone about your business? Inclu	de all financial
	■ No □ Yes. Fill in the details below.			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		
	,			

Debtoi Debtoi	Joshua Baron Jennifer Baron		Case number (if known)
Part 1	2: Sign Below		
are tru		statement,	nd any attachments, and I declare under penalty of perjury that the answers concealing property, or obtaining money or property by fraud in connection risonment for up to 20 years, or both.
/s/ Jo	shua Baron	/s/ Jer	nnifer Baron
Joshi	ua Baron	Jenni	fer Baron
Signa	ture of Debtor 1	Signat	ure of Debtor 2
Date	December 27, 2018	Date	December 27, 2018
	u attach additional pages to Your Statement of	Financial A	Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No □ Yes			
Did yo	u pay or agree to pay someone who is not an at	torney to h	nelp you fill out bankruptcy forms?
☐ Yes	Name of Person Attach the Bankruptcy P	etition Prep	parer's Notice, Declaration, and Signature (Official Form 119).

Fill in this informat	ion to identify your case:		
	Joshua Baron		
	First Name Middle Name	Last Name	
_	Jennifer Baron First Name Middle Name	Last Name	
United States Bankr	uptcv Court for the: EASTERN DIS	FRICT OF NEW YORK	
Case number			☐ Check if this is an
			amended filing
Official Forn		_	
<u>Statement</u>	of Intention for Indi	viduals Filing Under Chapte	er 7 12/15
If you are an individ	ual filing under chapter 7, you must	fill out this form if:	
	aims secured by your property, or		
	personal property and the lease has		
whichever	is earlier, unless the court extends	er you file your bankruptcy petition or by the date so the time for cause. You must also send copies to th	
on the for	m		
	le are filing together in a joint case, l late the form.	ooth are equally responsible for supplying correct in	nformation. Both debtors must
Be as complete and	accurate as possible. If more space	is needed, attach a separate sheet to this form. On	the top of any additional pages.
	name and case number (if known).	one necessity and one of the same forms on	mo top or any additional pages,
Part 1: List Your	Creditors Who Have Secured Claims	S	
		D: Creditors Who Have Claims Secured by Property	y (Official Form 106D), fill in the
information below Identify the credit	v. or and the property that is collateral	What do you intend to do with the property that	t Did you claim the property
		secures a debt?	as exempt on Schedule C?
Creditor's M&1 name:	「Bank	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of 6	NE Cook Others Heading at an	☐ Retain the property and enter into a	■ Yes
	25 Scott Street Huntington Station, NY 11746 Suffolk	Reaffirmation Agreement. Retain the property and [explain]:	
Securing debt.	County Residence	Keep Current	
r	residence		_
	Unexpired Personal Property Lease	s ed in Schedule G: Executory Contracts and Unexpire	ed Leases (Official Form 106G) fill
in the information b	elow. Do not list real estate leases. l	Jnexpired leases are leases that are still in effect; the trustee does not assume it. 11 U.S.C. § 365(p)(ne lease period has not yet ended.
Describe your unex	xpired personal property leases		Will the lease be assumed?
Lessor's name:	Mazda Capital Services		□ No
	anda Gapital Gol 11000		
			■ Yes
Description of lease	d 2018 Mazda 6 - 3 Year Auto le	ease	
Property:	Opened 05/2018		
	\$340.00 Monthly Ends 2021		

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Debte Debte		oshua Baron ennifer Baron			Case number (if known)	
Part 3	3: Sig	ın Below				
			ed my intention about	t any pro	operty of my estate that secures a debt and any person	nal
•	•	is subject to an unexpired lease.				
_	,	hua Baron	Х	/s/ Jen	nnifer Baron	
		hua Baron a Baron	X .		nnifer Baron er Baron	
	Joshua		X	Jennif		

Official Form 108

Fill i	n this infor	mation to identify your case:				only as o	directed	in this form and	in Form
Deb	tor 1	Joshua Baron		12	2A-1Supp:				
	tor 2	Jennifer Baron			☐ 1. There is	s no pres	sumption	of abuse	
Unit	ed States E	Bankruptcy Court for the: Eastern District of	New York		applies	s will be r	nade un	mine if a presur ider <i>Chapter 7 i</i> rm 122A-2).	nption of abuse Means Test
	e number				_	,		,	
(if kno	own)							ot apply now be but it could ap	
					☐ Check if	this is a	an amei	nded filing	
Off	ficial F	orm 122A - 1							
Ch	apter	7 Statement of Your Cur	rent Moi	nthly Inc	come				12/15
attac case	h a separate number (if I fying militar	and accurate as possible. If two married people as e sheet to this form. Include the line number to w known). If you believe that you are exempted fror y service, complete and file Statement of Exemp Iculate Your Current Monthly Income	hich the addition n a presumption	nal information a of abuse becau	applies. On thuse you do not	e top of a t have pri	ny additi marily co	ional pages, writ onsumer debts o	e your name and r because of
1.	What is y	our marital and filing status? Check one on	lv.						
		arried. Fill out Column A, lines 2-11.	•						
	■ Marrie	d and your spouse is filing with you. Fill ou	t both Columns	A and B. lines	2-11.				
		d and your spouse is NOT filing with you.		,	, =				
	_	ng in the same household and are not lega	•	•	nlumns A and	R lines	2-11		
	☐ Livi per	ng separately or are legally separated. Fill of altry of perjury that you and your spouse are less apart for reasons that do not include evading	out Column A, li egally separated	nes 2-11; do no d under nonbar	ot fill out Colu nkruptcy law t	ımn B. By that appli	checki es or tha		
10 th	01(10A). For ie 6 months,	erage monthly income that you received from all sexample, if you are filing on September 15, the 6-min add the income for all 6 months and divide the total the same rental property, put the income from that property.	onth period would by 6. Fill in the re	be March 1 thro sult. Do not inclu	ugh August 31. de any income	. If the ame amount m	ount of your	our monthly incom once. For examp	ne varied during le, if both
					Column A Debtor 1			nn B or 2 or filing spouse	
2.	Your gros	ss wages, salary, tips, bonuses, overtime, a ductions).	and commission	ons (before all	\$	0.00	\$	7,252.10	
	Column B	and maintenance payments. Do not include is filled in.		·	\$	0.00	\$	0.00	
4.	of you or from an u and room	nts from any source which are regularly pa your dependents, including child support. nmarried partner, members of your household mates. Include regular contributions from a sp o not include payments you listed on line 3.	Include regular , your depende	contributions nts, parents,	\$	0.00	\$	0.00	
5.	Net incor	ne from operating a business, profession,							
				otor 1					
		eipts (before all deductions)	\$ 0.00						
	-	and necessary operating expenses	-\$ 0.00	Comy hore	¢.	0.00	¢	0.00	
		nly income from a business, profession, or farr	n\$ <u>0.00</u>	Copy here ->	• • •	0.00	\$	0.00	
6.	Net incor	ne from rental and other real property	Doh	otor 1					
	0	sints (hafans all dadhadi -)	\$ 0.00	NOI I					
		eipts (before all deductions)	-\$ 0.00						
	•	and necessary operating expenses	·	Copy here ->	· \$	0.00	\$	0.00	
	ive: HODIII	ny moonie nom lemai of offici leaf biobeny		,	-		Ŧ		

Official Form 122A-1

7. Interest, dividends, and royalties

0.00

0.00

\$

Jebioi i	shua Baron nnifer Baron			Case number	r (if known)			
				Column A Debtor 1		Column B Debtor 2 o non-filing		
8. Unempl	oyment compensation			\$	0.00	\$	0.00	
	nter the amount if you contend that the amou al Security Act. Instead, list it here:	ınt received was a bene	efit under					
For yo	DU	\$	0.00					
For yo	our spouse	\$0	0.00					
9. Pension	or retirement income. Do not include any a under the Social Security Act.	as a	\$	0.00	\$	0.00		
Do not in received	from all other sources not listed above. Sinclude any benefits received under the Social as a victim of a war crime, a crime against he terrorism. If necessary, list other sources or ow.	Security Act or payme umanity, or international	ents al or					
٠.	Yearly Bonus/12			\$	0.00	\$1,7	741.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
	etermine Whether the Means Test Applies						Total ci income	urrent monthly
	te your current monthly income for the yea	•						
12a. Co	by your total current monthly income from line	e 11		Сор	y line 11	here=>	\$	8,993.10
Mu	Itiply by 12 (the number of months in a year)						x 1	2
12b. The	e result is your annual income for this part of	the form				12b	. \$10	07,917.20
13. Calcula	te the median family income that applies t	o you. Follow these ste	eps:					
Fill in the	e state in which you live.	NY						
Fill in the	e number of people in your household.	4						
To find a	e median family income for your state and siz a list of applicable median income amounts, g orm. This list may also be available at the bar	o online using the link	specified	in the separa	ate instru	13. ctions	\$	99,943.00
14. How do	the lines compare?							
	Line 12b is less than or equal to line 13. Go to Part 3.	On the top of page 1, o	check box	1, There is I	no presui	mption of abus	e.	
14b. I	Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	o of page 1, check box	2, The pre	esumption of	abuse is	determined by	y Form 12	2A-2.

Joshua Baron

Debtor 1 Debtor 2	Jennifer Baron	Case number (if known)					
Part 3:	Sign Below						
	By signing here, I declare under penalty of pe	erjury that the information on this statement and in any attachments is true and correct.					
	Χ /s/ Joshua Baron	X /s/ Jennifer Baron					
	Joshua Baron	Jennifer Baron					
	Signature of Debtor 1	Signature of Debtor 2					
Da	te December 27, 2018	Date December 27, 2018					
	MM / DD / YYYY	MM / DD / YYYY					
	If you checked line 14a, do NOT fill out or file	Form 122A-2.					
	If you checked line 14b, fill out Form 122A-2	and file it with this form.					

Fill	in this information to identify your case:		heck the appropriatenes 40 or 42:	box as directed in	
Deb	otor 1 Joshua Baron		les 40 01 42.		
	otor 2 Jennifer Baron		According to the calcul Statement:	ations required by thi	iS
` '	ouse, if filing)		■ 1. There is no presu	umption of abuse.	
Unit	ted States Bankruptcy Court for the: Eastern District of New York		_	•	
	se numbernown)		2. There is a presur	nption of abuse.	
			Check if this is an ar	nended filing	
	ficial Form 122A - 2				
<u>Ch</u>	apter 7 Means Test Calculation			04	4/16
To fi	III out this form, you will need your completed copy of Chapter 7 Statemen	t of Your Current Me	onthly Income (Officia	l Form 122A-1).	
spac	as complete and accurate as possible. If two married people are filing together is needed, attach a separate sheet to this form, Include the line number tional pages, write your name and case number (if known). 11: Determine Your Adjusted Income				
1.	Copy your total current monthly income. Copy line 11 fro	m Official Form 122	A-1 here=> \$	8,993.10)
2.	Did you fill out Column B in Part 1 of Form 122A-1?				
	☐ No. Fill in \$0 for the total on line 3.				
	■ Yes. Is your spouse Filing with you?				
	☐ No. Go to line 3.				
	Yes. Fill in \$0 for the total on line 3.				
3.	Adjust your current monthly income by subtracting any part of your spou household expenses of you or your dependents. Follow these steps:	ıse's income not us	ed to pay for the		
	On line 11, Column B of Form 122A–1, was any amount of the income you repexpenses of you or your dependents?	orted for your spouse	∍ NOT regularly used fo	or the household	
	■ No. Fill in 0 for the total on line 3.				
	☐ Yes. Fill in the information below:				
	State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to	Fill in the amour are subtracting to your spouse's in	from		
	support other than you or your dependents.	\$			
		Φ	_		
		\$	_		
		\$	_		
	Total.	\$ 0.00			
	Total.	Ψ	_		
			Copy total here=>	- \$0.00	<u>_</u>
4.	Adjust your current monthly income. Subtract line 3 from line 1.			\$8,993.10	

Official Form 122A-2

otor 2	Jennifer Baron			Case number (
rt 2:	Calculate Your Deductions from Your Income									
to a	Internal Revenue Service (IRS) issues National and I nswer the questions in lines 6-15. To find the IRS sta ructions for this form. This information may also be a	ındards, go o	nline using	the link specif	ied in the separa					
our	uct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. If me in line 3 and do not deduct any operating expenses the	Oo not deduct a	any amount	s that you subtra	acted fro your spo	ouse's				
yo	ur expenses differ from month to month, enter the avera	ge expense.								
Vhe	enever this part of the from refers to you, it means both yo	ou and your sp	oouse if Col	umn B of Form	122A-1 is filled in	ı.				
	The number of people used in determining your deductions from income									
	Fill in the number of people who could be claimed as explus the number of any additional dependents whom yo the number of people in your household.					4				
lati	onal Standards You must use the IRS National	al Standards to	answer the	e questions in lin	nes 6-7.					
	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care allowance: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number of Standards, fill in the dollar amount for out-of-pocket health care. The number of Standards is the fill in the dollar amount for out-of-pocket health care. The number of Standards is the fill in the dollar amount for out-of-pocket health care. The number of Standards is the fill in the dollar amount for out-of-pocket health care.	d other items. per of people y mber of people a higher IRS	ou entered is split into allowance f	in line 5 and the	e IRS National Sta	under 65 and				
7 .	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or older-because older people have	d other items. per of people y mber of people a higher IRS	ou entered is split into allowance f	in line 5 and the	e IRS National Sta	andards, fill in under 65 and	<u>, </u>			
?. ?eo	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional contents of the contents of	d other items. per of people y mber of people a higher IRS	ou entered is split into allowance f	in line 5 and the	e IRS National Sta	andards, fill in under 65 and	<u>, </u>			
7 .	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional ple who are under 65 years of age	d other items. per of people y mber of people e a higher IRS onal amount o	/ou entered e is split into allowance f n line 22.	in line 5 and the	e IRS National Sta	andards, fill in under 65 and	<u>, </u>			
	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional ple who are under 65 years of age 7a. Out-of-pocket health care allowance per person	d other items. per of people year of people a higher IRS onal amount o	/ou entered e is split into allowance f n line 22.	in line 5 and the	e IRS National St people who are osts. If your actua	andards, fill in under 65 and	<u>, </u>			
···	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the second	d other items. per of people year of people a higher IRS onal amount o	you entered is split into allowance fin line 22.	in line 5 and the	e IRS National St people who are osts. If your actua	andards, fill in under 65 and al expenses a	<u>, </u>			
'eo	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the second	d other items. per of people year of people a higher IRS onal amount o	you entered is split into allowance fin line 22.	in line 5 and the	e IRS National St people who are osts. If your actua	andards, fill in under 65 and al expenses a	<u>, </u>			
···	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care older people have higher than this IRS amount, you may deduct the additional ple who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b.	d other items. per of people year of people sea higher IRS onal amount of the sea of th	you entered a is split into allowance for line 22.	in line 5 and the	e IRS National St people who are osts. If your actua	andards, fill in under 65 and al expenses a	<u>, </u>			
···	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care. The number of people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional ple who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b. ple who are 65 years of age or older 7d. Out-of-pocket health care allowance per person	s	you entered a is split into allowance fin line 22.	in line 5 and the	e IRS National Str-people who are osts. If your actuals	andards, fill in under 65 and al expenses a				

Joshua Baron

Case number (if known)

Loca	al Sta	andards	You mus	st use the	IRS Loca	d Standar	ds to ans	wer the q	uestions in lin	es 8-15.					
			ition from oses into t			Trustee F	•rogram	has divid	led the IRS L	ocal Stand	lard fo	r housin	g for		
_		_	tilities - Ir tilities - M		-		penses								
To a	nsw	er the qu	estions in	lines 8-	9, use the	U.S. Tru	stee Pro	gram cha	art.						
			o online us o be availa					instructio	ns for this forr	m.					
8.									ne number of expenses				5, fill \$		821.00
9.	Hou	sing and	utilities -	Mortgag	e or rent	expense	s:								
	9a.		e number o your coun								9	2,	702.00		
	9b.	Total ave	erage mon	thly payn	nent for all	I mortgag	es and ot	her debts	secured by y	our home.					
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.														
		Name of	the credite	or				Average	e monthly t						
		M&T Ba	ank					\$	3,302.62						
				Total av	erage mo	onthly payı	ment	\$	3,302.62	Copy here=>	-\$	3	,302.62	Repeat this amount on line 33a.	
	9c.	Net mort	gage or re	ent expen	se.										
			line 9b (<i>tc</i> xpense). If							\$		0.00	Copy here=>	. \$	0.00
10.	If yo	ou claim t cts the ca	hat the U. alculation	S. Trusto	ee Progra monthly e	ım's divis expenses	sion of th s, fill in a	e IRS Lo ny additio	cal Standard onal amount	for housir you claim.	ng is in	correct	and	\$	0.00
	Ex	plain why:	:												
11.	Loc	al transpo	ortation e	xpenses	: Check th	ne numbe	r of vehic	les for wh	ich you claim	an ownersl	hip or o	perating	expense		
	 0). Go to lin	ne 14.												
	■ 1	. Go to lin	ne 12.												
	□ 2	or more.	Go to line	12.											
12.									number of veh sus region or r					\$	304.00

Joshua Baron

Jennifer Baron

Debtor 1 Debtor 2

Debtor 1 Debtor 2	Joshua Baron Jennifer Baron		Case number	er (<i>if known</i>)		
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles.					
Vel	Describe Vehicle 1: 2018 Mazda 6 Auto leas	se				
13a.	Ownership or leasing costs using IRS Local Standard		\$	497.00		
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 month bankruptcy. Then divide by 60.		t			
	Name of each creditor for Vehicle 1	Average monthly payment				
	Mazda Capital Services	\$ 170.00				
	Total Average Monthly Payment	\$ 170.00	Copy here =>	-\$ <u>170.</u>	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0,	enter \$0.	\$	327.00	Copy net Vehicle 1 expense here => \$	327.00
Vel	hicle 2 Describe Vehicle 2:					
13d.	Ownership or leasing costs using IRS Local Standard		. \$	0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs for	r			
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$				
	Total Average Monthly Payment	\$	Copy here => -\$	0.00	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense				Copy net	
	Subtract line 13e from line 13d. if this amount is less than \$0,	enter \$0	\$_	0.00	Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles in <i>Transportation</i> expense allowance regardless of whether you			dards, fill in the F	Public \$	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the ap				0.00

Joshua Baron

Debtor 1 Debtor 2 Joshua Baron Case number (if known)

Otl	ner Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
16.	Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, sales, or use taxes.	\$_	2,289.43
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.		
	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$_	0.00
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.	\$_	0.00
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.		
	Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.	\$_	0.00
20.	Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or		
	for your physically or mentally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.	•	0.00
	Do not include payments for any elementary or secondary school education.	\$_	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.		
	Payments for health insurance or health savings accounts should be listed only in line 25.	\$_	0.00
23.	Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.		
	Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$_	0.00
24.	Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.	\$	5,643.43

Debtor 1 Debtor 2 Joshua Baron Jennifer Baron Case number (if known)

Additional Expense Deductions These are additional deductions allowed by the Means Test.								
			Note: Do not include a	iny expe	ense allowances	listed in lines 6-24.		
25.	insura					ses. The monthly expenses for health y necessary for yourself, your spouse, o	r	
	Health	insurance		\$	692.60			
	Disabi	lity insurance		\$	0.00			
	Health	savings account		+ \$	0.00			
	Total			\$	692.60	Copy total here=>	\$\$	692.60
	Do you							
		No. How much do you ad	ctually spend?					
		Yes		\$				
26.	continu	ue to pay for the reasonab	le and necessary care our immediate family wh	and sup no is una	port of an elderlable to pay for su	actual monthly expenses that you will y, chronically ill, or disabled member of uch expenses. These expenses may 9A(b).	\$	0.00
27.	77. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.							
	By law	, the court must keep the	nature of these expens	es confi	dential.		\$	0.00
28.	28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.							
	If you I	believe that you have hom fill in the excess amount		e more th	nan the home er	nergy costs included in expenses on line		
		ust give your case trustee nt claimed is reasonable a		actual e	expenses, and y	ou must show that the additional	\$	0.00
29.	\$160.4		for your dependent chi			e monthly expenses (not more than han 18 years old to attend a private or		
		ust give your case trustee d is reasonable and neces				ou must explain why the amount 23.		
	* Subje	ect to adjustment on 4/01/	19, and every 3 years a	after that	for cases begu	n on or after the date of adjustment.	\$	0.00
30.	higher		nd clothing allowances	in the IF	RS National Sta	ctual food and clothing expenses are ndards. That amount cannot be more		
		d a chart showing the max tions for this form. This ch		-	-	link specified in the separate rk's office.		
	You must show that the additional amount claimed is reasonable and necessary.							0.00
31.	31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).							0.00
32.		II of the additional expernes 25 through 31.	se deductions.				\$	692.60

Jennifer Baron Debtor 2 Case number (if known) **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home: Average monthly payment 33a. Copy line 9b here 3,302.62 Loans on your first two vehicles: 33b. Copy line 13b here 170.00 33c. Copy line 13e here 0.00 33d List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? ☐ No -NONE-☐ Yes No ☐ Yes No ☐ Yes Сору total 33e. Total average monthly payment. Add lines 33a through 33d 3.472.62 3.472.62 here=> 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt **Total cure** Monthly cure amount amount -NONE-\$ $\div 60 = \$$ Сору total 0.00 \$ here=> \$ 0.00 Total 35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims \$ $0.00 \div 60 =$ \$ 0.00

Joshua Baron

Debtor 1

ebtor 1 Debtor 2	Jeni	nifer Baron		Ca	ase n	umber (if known	n)		
Fo	or more	eligible to file a case under Chapter 13? 11 U.S.C. § a information, go online using the link for Bankruptcy Basons for this form. Bankruptcy Basics may also be availab	sics specifie						
	No.	Go to line 37.							
	Yes.	Fill in the following information.							
		Projected monthly plan payment if you were filing under	er Chapter 1	3	\$				
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for and North Carolina) or by the Executive Office for Unit (for all other districts).	districts in Al	abama	X				
		To find a list of district multipliers that includes your district link specified in the separate instructions for this for be available at the bankruptcy clerk's office.					Co	py total	
		Average monthly administrative expense if you were fi	ling under C	hapter 13		\$		re=> \$ _	
		of the deductions for debt payment. es 33e through 36.						\$_	3,472.62
Total	Deduc	ctions from Income							
38. A	dd all d	of the allowed deductions.							
		ne 24, All of the expenses allowed under IRS	\$	5,643.4	3				
	•	ne 32, All of the additional expense deductions	\$ ——	692.6	_				
		ne 37, All of the deductions for debt payment	+\$	3,472.6					
`	оору	to or, 7 m or the deductions for descriptions	Ψ	3,472.0		٦			
		Total deductions	\$	9,808.6	5	Copy total	here	=> \$ _	9,808.65
art 3:	De	termine Whether There is a Presumption of Abuse				_			
39. C	alculat	e monthly disposable income for 60 months							
3	39a. Co	ppy line 4, adjusted current monthly income	\$	8,993.1	0				
3	39b. Co	ppy line 38, Total deductions	-\$	9,808.6	5				
3		onthly disposable income. 11 U.S.C. § 707(b)(2). ubtract line 39b from line 39a	\$	-815.5	55	Copy here=>\$		-815.55	<u>5</u>
F	or the	next 60 months (5 years)					x 60		
		() ,							
3	39d. To	otal. Multiply line 39c by 60	39d	. \$	-48	8,933.00	Copy here=>	\$	-48,933.00
40. Fi	nd out	whether there is a presumption of abuse. Check the	box that ap	plies:					
	The	line 39d is less than \$7,700*. On the top of page 1 of the	nis form, ch	eck box 1, Ti	here	e is no presu	mption of a	abuse. Go	to Part 5.
		line 39d is more than \$12,850*. On the top of page 1 o 4 if you claim special circumstances. Go to Part 5.	of this form, o	check box 2,	The	ere is a pres	umption of	abuse. Yo	u may fill out
] The	line 39d is at least \$7,700*, but not more than \$12,85	0*. Go to lin	e 41.					
		to adjustment on 4/01/19, and every 3 years after that for			the	date of adia	ıstment		

Joshua Baron

Debtor 1

Debtor 1 Debtor 2	Joshua Baron Jennifer Baron		Case number (if known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.	\$x .25	1	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(l	, i —	Copy here=>	\$
		Multiply line 41a by 0.25]	
25	% of y	ne whether the income you have left over after subtracting all allowed decrour unsecured, nonpriority debt. ie box that applies:	ductions is enough to pa	у	
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> o Part 5.	re is no presumption of ab	use.	
		39d is equal to or more than line 41b. On the top of page 1 of this form, checumption of abuse. You may fill out Part 4 if you claim special circumstances. Th			
Part 4:	Giv	ve Details About Special Circumstances			
		ve any special circumstances that justify additional expenses or adjustme alternative? 11 U.S.C. § 707(b)(2)(B).	ents of current monthly in	ncome fo	or which there is no
= N	lo. Go	o to Part 5.			
□ Y		I in the following information. All figures should reflect your average monthly ex m. You may include expenses you listed in line 25.	pense or income adjustme	ent for ea	ach
	ne	ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation ljustments.			
	G	Sive a detailed explanation of the special circumstances	Average monthly expens or income adjustment	е	
			\$		
	_		\$		
	_		\$		
	_		\$		

Debtor 1 Debtor 2	Joshua Baron Jennifer Baron	Case number (if known)	
Part 5:	Sign Below By signing here. I declare under penalty of r	erjury that the information on this statement and in any attachments is true and correct.	
	X /s/ Joshua Baron	X /s/ Jennifer Baron	
	Joshua Baron Signature of Debtor 1	Jennifer Baron Signature of Debtor 2	_
Dat	December 27, 2018 MM / DD / YYYYY	Date December 27, 2018 MM / DD / YYYY	

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

In re Jennifer Baron		
Debtor(s)	Chapter	7
DISCLOSURE OF COMPENSATION OF ATTO	ORNEY FOR D	DEBTOR(S)
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the att compensation paid to me within one year before the filing of the petition in bankrupt be rendered on behalf of the debtor(s) in contemplation of or in connection with the	id to me, for services rendered or to	
For legal services, I have agreed to accept	\$	2,950.00
Prior to the filing of this statement I have received		2,950.00
Balance Due	\$	0.00
2. The source of the compensation paid to me was:		
■ Debtor □ Other (specify):		
3. The source of compensation to be paid to me is:		
■ Debtor □ Other (specify):		
4. I have not agreed to share the above-disclosed compensation with any other personal state.	son unless they are me	mbers and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persor copy of the agreement, together with a list of the names of the people sharing in		
5. In return for the above-disclosed fee, I have agreed to render legal service for all asp	pects of the bankruptcy	case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in 6b. Preparation and filing of any petition, schedules, statement of affairs and plan whc. Representation of the debtor at the meeting of creditors and confirmation hearingd. [Other provisions as needed]	nich may be required;	
6. By agreement with the debtor(s), the above-disclosed fee does not include the follow Negotiations with secured creditors to reduce to market value; reaffirmation agreements and applications as needed; preparation 522(f)(2)(A) for avoidance of liens on household goods. Representation of the debtors in any dischargeability actions, ju	exemption planning ion and filing of mo	tions pursuant to 11 USC
any other adversary proceeding.		oos, rener from outy deticine of
CERTIFICATION		
I certify that the foregoing is a complete statement of any agreement or arrangement this bankruptcy proceeding.	for payment to me for	representation of the debtor(s) in
December 27, 2018 /s/ Scott R Sch	nneider	
Date Scott R Schne		
Signature of Atto Law Offices of	orney f Scott R Schneider	
117 Broadway		
Hicksville, NY	11801 Fax: 516-433-1511	
scottsch@opte		
Name of law firm		

United States Bankruptcy Court Eastern District of New York

In re	Joshua Baron Jennifer Baron	Case No.		
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date:	December 27, 2018	/s/ Joshua Baron
		Joshua Baron
		Signature of Debtor
Date:	December 27, 2018	/s/ Jennifer Baron
		Jennifer Baron
		Signature of Debtor
Date:	December 27, 2018	/s/ Scott R Schneider
		Signature of Attorney
		Scott R Schneider
		Law Offices of Scott R Schneider
		117 Broadway
		Hicksville, NY 11801
		516-433-1555 Fax: 516-433-1511

USBC-44 Rev. 9/17/98

American Express P.O. Box 1270 Newark, NJ 07101

Bank of America PO Box 15019 Wilmington, DE 19850

Barclays Po Box 13337 Philadelphia, PA 19101

Best Buy Credit Services Po Box 78009 Phoenix, AZ 85062

Capital One Po Box 6492 Carol Stream, IL 60197

Chase Freedom Cardmember Service Po Box 1423 Charlotte, NC 28201

Chase Ink Cardmember Services Po Box 1423 Charlotte, NC 28201

Chase Marriott Cardmember Service PO Box 1423 Charlotte, NC 28201

Chase Slate Cardmember Service Po Box 1423 Charlotte, NC 28201

Citi Aadvantage Citi Cards Po Box 9001037 Louisville, KY 40290 Citi Diamond Preferred Citi Cards Po Box 70166 Philadelphia, PA 19176

Citi Double Cash Card CitiCards PO Box 70166 Philadelphia, PA 19176

Citi Thank You Card Citi Cards Po Box 70166 Philadelphia, PA 19176

Citi Thank You Preferred Citi Cards Po Box 70166 Philadelphia, PA 19176

CMYK Print Group Inc. 25 Scott Street Huntington Station, NY 11746

Discover PO Box 71084 Charlotte, NC 28272

Elan Financial CB Disputes Po Box 108 Saint Louis, MO 63166

Fidelity Credit Card Cardmember Service Po Box 790408 Saint Louis, MO 63179

M&T Bank PO Box 62182 Baltimore, MD 21264

Mazda Capital Services C/O Chase Po Box 78074 Phoenix, AZ 85062 Nassau Educators F.C.U. 1000 Corporate Drive Westbury, NY 11590

Santander Card Services Processing PO Box 12768 Reading, PA 19612

Small Business Admin. 2 North 20th Street Suite 320 Birmingham, AL 35203

TD Bank N.A. PO Box 16027 Lewiston, ME 04243

US Bank, N.A. PO Box 790408 Saint Louis, MO 63179

Zwicker & Associates PC PO Box 9013 Andover, MA 01810

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL **BANKRUPTCY RULE 1073-2(b)**

DEBTOR(S):	Joshua Baron Jennifer Baron	CASE NO.:	
	Local Bankruptcy Rule 1073-2(b), the debt Cases, to the petitioner's best knowledge, inf	or (or any other petitioner) hereby makes the following disclosure formation and belief:	
was pending at any spouses or ex-spous partnership and one have, or within 180	time within eight years before the filing of the es; (iii) are affiliates, as defined in 11 U.S.C. or more of its general partners; (vi) are partners	E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case e new petition, and the debtors in such cases: (i) are the same; (ii) ar § 101(2); (iv) are general partners in the same partnership; (v) are a terships which share one or more common general partners; or (vii) telated Cases had, an interest in property that was or is included in the	
NO RELATED	CASE IS PENDING OR HAS BEEN PEND	ING AT ANY TIME.	
☐ THE FOLLOWI	NG RELATED CASE(S) IS PENDING OR	HAS BEEN PENDING:	
1. CASE NO.:	JUDGE: DISTRICT/DIVISION		
CASE STILL PENI	DING (Y/N): [If closed]	Date of closing:	
CURRENT STATU	JS OF RELATED CASE:		_
	`	rged/awaiting discharge, confirmed, dismissed, etc.)	
MANNER IN WHI	CH CASES ARE RELATED (Refer to NOT	E above):	
	LISTED IN DEBTOR'S SCHEDULE "A" (F RELATED CASE:	'REAL PROPERTY") WHICH WAS ALSO LISTED IN	
2. CASE NO.:	JUDGE: DISTRICT/DIVISION		
CASE STILL PENI	DING (Y/N): [If closed]	Date of closing:	
CURRENT STATU	US OF RELATED CASE:(Discha	rged/awaiting discharge, confirmed, dismissed, etc.)	
MANNER IN WHI	ICH CASES ARE RELATED (Refer to NOT	E above):	
	LISTED IN DEBTOR'S SCHEDULE "A" (F RELATED CASE:	'REAL PROPERTY") WHICH WAS ALSO LISTED IN	
3. CASE NO.:	JUDGE: DISTRICT/DIVISION		
CASE STILL PENI	DING (Y/N): [If closed]	Date of closing:	

Joshua Baron

DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:(I	Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to	o NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE SCHEDULE "A" OF RELATED CASE:	E "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
	s who have had prior cases dismissed within the preceding 180 days may not red to file a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S AT	TORNEY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New Ye	ork (Y/N): Y
I certify under penalty of perjury that the within bankrupto as indicated elsewhere on this form. /s/ Scott R Schneider	cy case is not related to any case now pending or pending at any time, except
Scott R Schneider Signature of Debtor's Attorney Law Offices of Scott R Schneider 117 Broadway	Signature of Pro Se Debtor/Petitioner
Hicksville, NY 11801 516-433-1555 Fax:516-433-1511	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009